Occupation - Based Practice Assessment

Assessment Manual

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Preface

The Occupation - Based Practice Assessment (OBPA) is a measure of clinical practice and practice environments, not a measure of client status or performance. The tool is designed to measure the extent of occupation in practice and is grounded in the theoretical perspective - the Dynamic Model of Occupation - Based Practice (Psillas & Stav, 2021). The development of both the model and assessment tool recognize the range of practice approaches used to meet client needs which may be a mix of occupation - based activities to reductionistic or component - based exercises. However, the model and assessment tool reflect the foundational ideals of occupational therapy and philosophical belief in the reciprocal relationship between occupational engagement and health. Therefore, the purpose of the OBPA is to increase awareness of one's own practice or a department's collective practice specific to the use of occupation as a therapeutic medium to optimize the use of occupation in practice and yield enhanced client outcomes.

A unique contribution of the OBPA is the ability to capture all aspects of practice to distinguish the uniquely occupational nature of intervention and assessment, individual and group services, and assessment tools. The use of occupation in practice does not occur by happenstance; so the OBPA also measures the supportive or hindering influences on the use of occupation in practice.

The OBPA was created following the development of the Dynamic Model of Occupation - Based Practice which used a grounded theory approach to conceptualize occupation - based practice and the influences that support or hinder the use of occupation.

The OBPA is used to measure the practice of therapists and can be used by a variety of parties in a range of settings for different purposes including:

- Therapists, to measure and monitor their own practice and professional growth
- Administrators, to gather aggregate data for comparison against client outcomes
- Students, to assess their infusion of occupation into practice
- Academicians in didactic, courses and fieldwork experiences
- Researchers, to quantify the extent of occupation - based practice in studies

The authors would like to acknowledge and thank the national and international experts in occupation, occupation - based practice, and occupational science who reviewed the earliest versions of the assessment tool and provided feedback. Appreciation is extended to the local colleagues of authors who pilot - tested the early edition of the OBPA for clarity and utility and provided constructive feedback. The authors are indebted to the occupational therapy students who forged the early iterations of

occupation - based practice studies for this work and assisted with methodological studies to establish psychometric properties of the OBPA. Finally, the authors are grateful to the expertise of clinicians who contributed to the case examples for this assessment manual.

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Dedication

The Occupation-Based Practice Assessment is dedicated to the founders of occupational therapy who recognized the power of occupation as a healing and health-promoting medium. Their profound work established a profession grounded in the reciprocally beneficial relationship between occupation and health.

This assessment tool is also dedicated to the many occupational therapy theorists who offered a lexicon to describe humans as occupational beings, engagement in occupation, the contexts in which we participate, and the therapeutic use of occupation; the most influential to our work being Anne Wilcock and Clare Hocking.

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Introduction

Occupational therapy is grounded in the belief that occupation is health-promoting and can be used therapeutically to treat individuals, groups, and populations with physical, emotional, and social illness (Meyer, 1922; Reilly, 1962; Wilcock & Hocking, 2015). William Rush Dunton, a founder and early president of the American Occupational Therapy Association (AOTA), identified occupation "as necessary to life as food and drink. Sick minds, sick bodies, sick souls may be healed thru occupation" (Dunton, 1919, p. 10). Occupational therapists share this foundational philosophical belief that engagement in daily occupations powerfully influences health, provides meaning to a person's life, and empowers autonomy (Blanche & Henny-Kohler, 2000). This idea was best illustrated by Mary Reilly's Eleanor Clarke Slagle Lecture when she proposed that "man, through the use of his hands as they are energized by mind and will, can influence the state of his own health" (1962, p. 2). This oft-quoted statement exemplifies the essence of occupation-based practice and reveals the causal relationship between engagement in meaningful occupations and the health and well-being of people. The execution of these philosophical occupational perspectives is facilitated through taxonomies to define and distinguish how occupation is used in practice. Gray (1998) offers a dichotomy of "occupation as ends" and "occupation as means" to differentiate the role of occupation in the plan and delivery of therapeutic services versus occupation targeted as the end goal. Fisher adds to the lexicon to delineate the use of and regard for occupation in the profession, distinguishing between occupation-based and occupation-centered approaches. Occupation-centered refers to a belief, perspective, or organizing framework in which occupation is central to concern and importance (Fisher, 2013). The term occupation-based refers to the active placement of occupation as the primary element of practice using a "person's engagement in occupation as the method of our evaluations and interventions… as the therapeutic agent of change" (Fisher, 2013, p. 164).

These perspectives are not only philosophical but also effective in generating improved outcomes from therapeutic interactions. As synthesized in a systematic review, several studies have empirically demonstrated that participation in occupations has positive health and quality of life outcomes (Stav et al., 2012). Comprehensive systematic reviews similarly identified positive health outcomes when occupation-based interventions are used across populations, including clients with mental illness (D'Amico et al., 2018; Schindler, 2010), those with dementia (Smallfield & Heckenlaible, 2017), children (Arbesman et al., 2013), people recovering from a stroke (Gillen et al., 2014), individuals recovering from a traumatic brain injury (Powell et al., 2016), and clients with acute and chronic hand injuries (Robinson et al., 2016). The evidence demonstrates that meaningful occupations aligned with the client's interests facilitate better outcomes than engaging in a rote exercise program (Skubik-Peplaski et al., 2014).

While the use of an occupation-based approach is critically important to preserving the contribution that occupational therapy brings to the therapeutic process, the prominence of occupation in occupational therapy practice has wavered during the profession's 100 years of existence. In the early decades of the profession, therapists implemented occupation as a therapeutic approach. It was consistent with the philosophies of the profession's founders, who touted the health-promoting qualities of occupation (Christiansen & Haertl, 2019). However, as the healthcare system evolved throughout the United States and became increasingly dependent on third-party payment, occupational therapists relinquished the occupational core of practice and began using reductionist approaches (Christiansen & Haertl, 2019). Reductionistic approaches primarily focus on the client's component parts while not addressing the complexities or need for occupational engagement. For example, reductionistic practice may target the range of motion and strength of a client's wrist but not address the client's occupational goal of meal preparation for their family. By the 1970s, the trend toward reductionistic practice; described as component based (Fisher, 1998), structuralist (Hooper & Wood, 2002), medical model (Molineux, 2004; Reed & Peters, 2008), and used mechanistic techniques (Kielhofner, 1997; Molineux, 2004), had evolved and dominated care facilities. Occupational therapy services in the United States primarily fell under the compelling authority of a medical focus resulting in a trend toward medical model practice. Though this transformation toward reductionistic or medical model practice helped validate the profession in the medical community and secured payments for services, it resulted in deviation from the profession's values. The widespread reinforcement from the medical community and third-party payers overshadowed the realization of the constraints of reductionism and the associated loss of recognition of humans as occupational beings (Kielhofner, 1997).

The decades-long departure from occupation facilitated the call for a re-infusion of occupation in practice from within the profession as well as the greater health care community. Internal expectations for the use of occupation are well documented in the work of occupational therapy leaders and theorists (Fisher, 1998; Gillen, 2013; Gray, 1998; Reilly, 1963; Trombly, 1995). These calls for a reintroduction of occupation are clearly stated in theoretical perspectives, landmark lectures such as the Eleanor Clark Slagle lecture in the United States, the Muriel Driver lecture in Canada, the Sylvia Docker memorial lecture in Australia, and in empirical evidence proving the effectiveness of occupation as a therapeutic medium. Furthermore, the AOTA Choosing Wisely campaign exemplifies the standards for the use of occupation to engage clients and provides evidence for quality services inclusive of meaningful activities (Gillen et al., 2019). The sentiment of purposeful and meaningful doing is present in documents external to occupational therapy, although the term occupation is not explicitly used. For example, the International Classification of Functioning, Disability and Health (World Health Organization, 2002) includes activity and participation constructs, which connote occupational engagement. Further supporting occupation-based practice, United States

federal legislation mandates inclusion and documentation of functional outcomes (Patient Protection and Affordable Care Act, 42 U.S.C. § 18001, 2010). The press for occupation-based practice is well established; however, there has not been a mechanism to determine whether that demand has been met. Whiteford and colleagues (2000) have referred to this wave of re-emergent occupation as an “occupational renaissance” with renewed attention to occupation in theoretical development, research, and practice.

While the profession has traversed multiple paradigm shifts, the core beliefs of the profession remained including: (a) that occupation is vital to human life, (b) that there is a direct link between the mind and body, (c) that a lack of occupation can result in poor health or dysfunction, and (d) that engagement in occupation can re-establish health and function (Molineux, 2004). Despite holding strongly to these professional values, a transition to exclusively use occupation-based practice is not realistic because of the medical and social complexities our clients face. More pragmatically, occupational therapy practice should consist of a mix of approaches, highlighting the use of occupation as a therapeutic medium supplemented by necessary discrete approaches that are discretely different from health through occupation such as a medical, educational, psychological, corporate, military, or complementary and alternative approach.

The trajectory of occupation used as a therapeutic approach in occupational therapy practice highlights the need to recognize and track its presence to distinguish practice as uniquely occupational, assess the relationship to client satisfaction and outcomes, facilitate student growth as occupational therapy practitioners, and support occupation-based research.

Definitions

The following operational definitions may assist in administering the tool. The terms are sequenced and organized according to their appearance in the assessment.

Meaningful and purposeful occupation: actual doing and use of occupation which has value and significance to the client (elements drawn from Wilcock and Hocking’s concepts of “Doing”and “Being”)

> **Materials used**: Objects and supplies are congruent with the occupation (e.g., bathing incorporates water, soap, adaptive seating, and towels)
>
> **Context**: Therapeutic interaction takes place in the physical and social environments and cultural, temporal, and virtual contexts (AOTA, 2014) consistent with targeted occupation (e.g., shopping activity in preparation for a Superbowl party takes place in an actual store familiar to the client, includes ingredients for traditional party finger foods and dips, occurs after menu planning

and with sufficient time for preparation before the game, and may incorporate online shopping for decorations)

Actual doing: Therapeutic interaction is physical or mental execution of an occupation as opposed to simulation or exercise (Hitch, Pépin, & Stagnitti, 2014) (e.g., money management activity to pay bills involving the physical execution of writing a check or the mental determination of having sufficient funds to pay a bill)

Meaning: the psychological, philosophical, and spiritual dimensions of how people feel about what they are doing (Hitch, Pépin, & Stagnitti, 2014; Wilcock, 2006)

Associated with client goals from occupational profile: Focus of therapeutic activity is directly or indirectly linked to client goals or occupational repertoire

Therapeutic intent: therapist purposeful decision-making to make therapeutic interactions goal-directed

Deliberate therapeutic interaction: the intentional use of tasks, interventions, and education to target development of impaired skills and occupations

Adaptation: modifying the task and/or environment in order to promote occupational engagement (AOTA, 2014)

Engaged participation: active and willing participation in all therapeutic interactions

Participation: active client involvement in therapeutic interactions

Therapist collaboration: transactive relationship between the therapist, client, and/or relevant others incorporating therapeutic use of self

Physical environment: the setting in which therapy is occurring and includes components of the environment (comprised of space and location) and supplies and resources

Systems: these are external components that are often required by the specific setting and include insurance restraints, documentation systems and requirements, and time

Therapist: the person who is the trained professional; the components include relevant others, therapist-client fit, therapist experience, clinical reasoning skills, and intraprofessional collaboration

Client: the person who is receiving therapy services; the components include the client health status, the complexity of client role responsibilities, and client motivation

History of the Development of the Occupation - Based Practice Assessment

The development of occupational therapy was based on the belief in occupation as an agent of health and healing. However, the advent of third party reimbursement brought a shift in practice toward medical model and reductionistic approaches. After several decades of departure from occupation, occupational therapy practice models began to evolve as well as occupational science as an academic discipline. The growth in

occupation in the areas of practice, theory, and research has been recognized as an occupational renaissance (Whiteford et al, 2000). Transition back to our core in occupation continues to pick up momentum with innovators and early adopters and moving toward an early majority; consistent with trajectories described in the Diffusion of Innovations Theory (Rogers, 1962). There remains efforts to move the adoption of occupation forward and subsequently study the phenomenon.

In a conversation exploring options to study occupation-based practice in the spring of 2016, it became apparent that investigation of occupation-based practice was not possible without first operationalizing the practice. A grounded theory study, shaped by Wilcock and Hocking's (2015) Theory of the Human Need for Occupation and doing, being, becoming, and belonging, was designed to discover the constructs and principles of occupation-based practice. The study was designed and implemented in partial completion of Sarah Psillas' dissertation, mentored by Wendy Stav. The *Dynamic Model of Occupation-based Practice* emerged from the grounded theory study (Psillas & Stav, 2021) which was then used as the foundation for an assessment tool to measure occupation in clinical practice. The *Occupation-Based Practice Assessment* was developed from the model constructs to capture the implementation of authentic occupation, purposeful and meaningful value, therapeutic intent, and engaged participation. Once the items were created, a scoring structure was assigned. The assessment was piloted with a group of clinicians across practice areas to determine clarity of items and scoring. Following use of the OBPA, clinicians provided feedback and suggestions for minor changes to improve clarity of items and scoring options. The OBPA was also distributed to national and international experts on occupation-centered and occupation-based practice to determine the validity of the tool. Minor suggestions from occupation-based practice experts were incorporated into the OBPA language.

Investigation began to establish psychometric properties of the OBPA specific to reliability and utility for self-administration. The first inter-rater reliability study was developed then suspended due to lack of access to participants related to the COVID-19 pandemic. An alternate inter-rater reliability study we designed using simulated video cases which revealed preliminary promise for strength in reliability (Stav et al., 2022). An in-vivo inter-rater reliability was conducted with observation of therapists by two observer raters and demonstrated good interrater reliability (ICC = .843; p <.001). An additional exploration of the utility of self-administration was completed by comparing the consistency of scores between observer ratings and self ratings. The reliability between these ratings was strong both immediately following the therapy session (ICC = .856; p <.001) and delayed at the end of the work day (ICC = .937; p <.001), suggesting the OBPA can be used for self-administration.

Foundational Theoretical Perspective

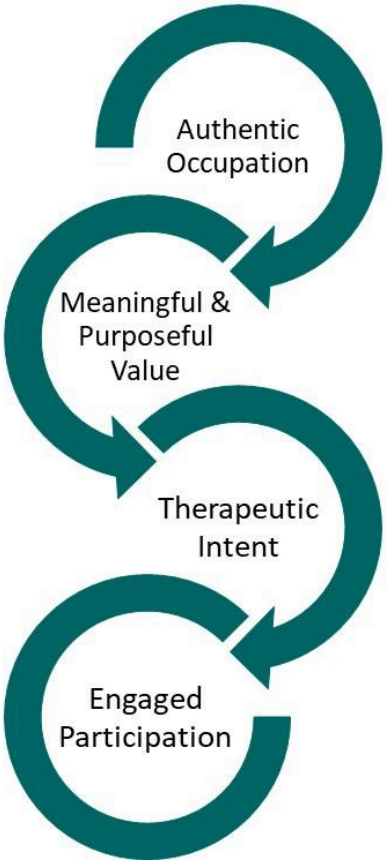
The Dynamic Model of Occupation-Based Practice depicts the occupational nature of occupational therapy practice including the four constructs which comprise occupation-based practice as well as the influences on that practice. The practice influences dictate how well the therapeutic interaction is aligned with occupation resulting in a collective alignment with occupation along a continuum of occupation-based practice. The following content about the foundational theoretical perspective is largely drawn from Psillas & Stav's (2021) publication chronicling the methodology and presentation of the Dynamic Model of Occupation-Based Practice.

Constructs of Occupation-Based Practice

Occupation-based practice consists of four main constructs: *authentic occupation, engaged participation, meaningful and purposeful value, and therapeutic intent* (see Figure 1). Each construct can be executed in varying degrees of alignment with occupation-based practice.

Figure 1

Constructs of Occupation-Based Practice



Authentic occupation, the first construct, reflects Wilcock and Hocking's (2015) doing, and represents the actual doing and use of activities. Examples of varying degrees of alignment with *authentic occupation* are presented in Table 1.

Table 1
Authentic Occupation: Examples of Alignment with Occupation-Based Practice

Alignment	Example
Full Alignment	Client is engaged in an occupation (eg., showering, driving a car, or crocheting) as a therapeutic approach
Partial alignment	Client is performing one element of an occupation (eg., squatting to work toward laundry management or stepping in and out of a bathtub to simulate a shower transfer)
Misalignment	Client is performing rote exercise as an intervention

The second construct, *meaningful and purposeful value*, reflects Wilcock and Hocking's (2015) being and is related to having an objective for doing as well as the extent of value assigned by the client to the therapeutic interaction. The presence of *meaningful and purposeful value* relies on selection of therapeutic approaches based on the client's personal values. Examples of varying degrees of alignment with *meaningful and purposeful value* are presented in Table 2.

Table 2
Meaningful and Purposeful Value: Examples of Alignment with Occupation-Based Practice

Alignment	Example
Full Alignment	Client who is a pet owner engages in pet care or a musician is playing a musical instrument as a therapeutic approach which serves a purpose and is meaningful to the client.
Partial alignment	Therapist selects a cooking activity for a client who lives in a residential facility where all meals are provided. The activity has a purposeful objective, but is not meaningful to the client.
Misalignment	Client completes exercises on equipment such as the range of motion arc or hand which are not meaningful nor do they accomplish an objective.

The third construct, *therapeutic intent*, reflects Wilcock and Hocking's (2015) becoming and is the deliberate selection of approaches for a goal-directed therapeutic process to address the client's areas of need as clients complete the healing process or evolve into

their new identity. Examples of varying degrees of alignment with *therapeutic intent* are presented in Table 3.

Table 3
Therapeutic Intent: Examples of Alignment with Occupation-Based Practice

Alignment	Example
Full Alignment	Client participation in a cognitive puzzle to address problem-solving deficits associated with neurological disorder
Partial alignment	The therapist facilitates a guided imagery exercise to support a client to tolerate dressing changes to his burn sites. Relaxation does not directly relate to the client's goals; but may be necessary to traverse the recovery process.
Misalignment	The school-based therapist sees a child with executive function and feeding goals in a weekly handwriting group.

The final construct of occupation-based practice is *engaged participation* and refers to the therapist's support of the client's participation with full investment and motivation during a therapeutic interaction. This construct reflects Wilcock and Hocking's (2015) belonging as clients transition from a patient role to a member of a therapeutic relationship with the therapist. Examples of varying degrees of alignment with *engaged participation* are presented in Table 4.

Table 4
Engaged Participation: Examples of Alignment with Occupation-Based Practice

Alignment	Example
Full Alignment	A teen-aged client uses a motion-activated video game system and competes against his high score in bowling.
Partial alignment	A client is assigned to a craft group and intermittently attends to and participates in the crafting tasks.
Misalignment	A client passively receives a therapeutic approach such as ultrasound treatment to a post-surgical scar.

During every therapeutic interaction, each construct is independent, without influence from the other constructs. While the constructs have no direct influence on each other, there is an interconnectedness between them. For example, a person is more likely to be engaged in participation in an activity that has meaningful and purposeful value.

Likewise, the use of authentic occupation tends to have meaningful and purposeful value, as opposed to the repetitive movements of an exercise. Analysis of a therapeutic interaction considers the extent of alignment in all four constructs collectively. For any therapeutic interaction, each of the four constructs are mutually exclusive and may be similarly aligned or have vastly different alignments from the other constructs. Therefore, there are infinite possibilities and combinations based on the extent of alignment to each of the constructs. Thus, when considered collectively, the greater the cumulative alignment, the closer the therapeutic interaction is to occupation-based. Conversely, the less collective alignment with the constructs, the less focus on occupation and greater emphasis on an approach that is discretely different. These discrete models follow an agenda other than health through occupation and may be influenced by a medical focus, educational requirement, psychological perspective, business model, military priority, complementary or alternative medicine, or any other compelling authority. When the model is applied in therapeutic interactions, the practice that is discretely different from occupation-based should be labeled in accordance with the focus of the context. For example, the discrete model of practice in an acute care hospital may be a medical model, while the discrete model in the school system may be an educational model. This interaction and cumulative alignment of the four constructs with a resultant location along the continuum of occupation-based practice is depicted in Figure 2.

Figure 2

Continuum of Occupational Therapy Practice Influenced by Construct Alignment

Influential Factors

The model recognizes that the use of occupation in practice does not occur by happenstance, but rather is facilitated or inhibited by several personal and contextual factors; the client, the therapist, the system in which the practice is taking place, and the physical environment. These factors exist in no particular order or hierarchy and are not weighted differently relative to each other. Rather, each practice setting and client-therapist relationship can present a different constellation of facilitating or hindering factors.

Table 5

Examples of Factors Influencing the Use of Occupation in Practice

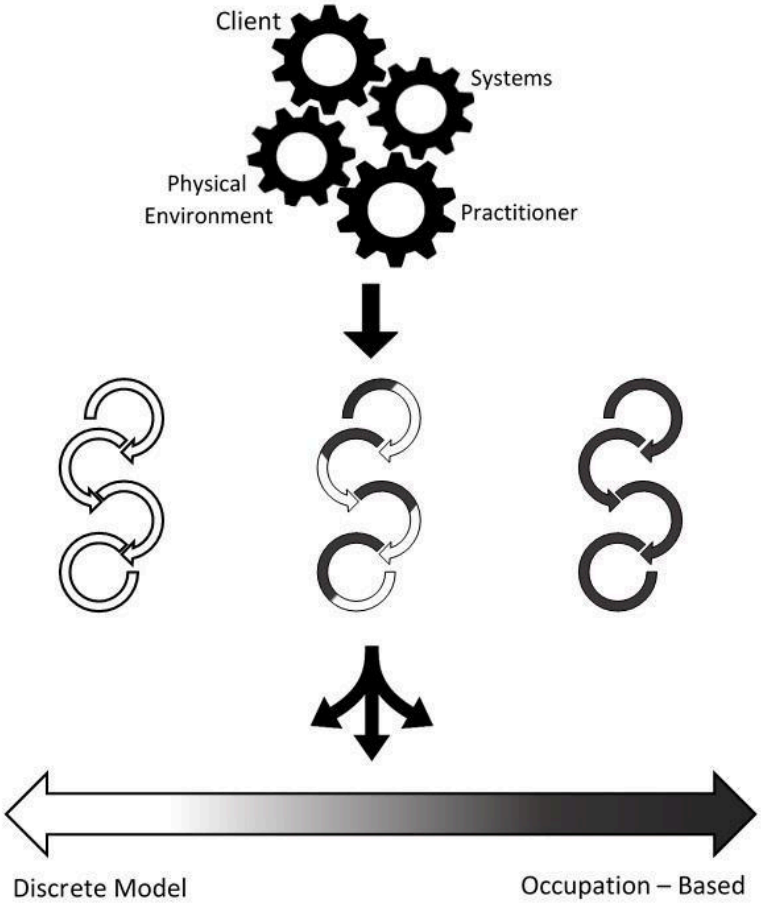
Influential Factor	Examples
Systems - typically determined by the organizational and institutional context of the practice setting	● Allowable reimbursement from third-party payer sources ● Documentation systems and requirements ● Time availability
Physical environment - specific to the location, space, and presence or absence of supplies and resources	● Location (eg., client's home, hospital, community setting, unfamiliar environment) ● Space of an environment specific to sufficiency, configuration, flexibility, and safety T ● Resources and supplies including access to occupation-based materials equipment vs exercise equipment
Clients	● Complexity of their role responsibilities ● Motivation ● Health acuity ● Expectations about focus of therapy ● Presence of relevant others
Therapist	● Professional role ● Clinical experience with occupation ● Clinical reasoning skills ● Intraprofessional collaboration ● Therapist-client fit

Dynamic Model of Occupation-Based Practice

The model as a whole explains the ever-changing influences, process, and essence of therapeutic interactions in occupational therapy practice. Progression through the model begins with the therapist's foundational belief system related to occupation and the therapeutic use of occupation. From this starting point, each therapeutic decision and execution is acted on by four influential factors, including systems, therapist, physical environment, and client. The factors, represented by the four interlocking gears at the top of the graphic, are interrelated and may be different from one therapeutic interaction to another. The influence of the factors may enhance the use of occupation, hinder the use of occupation, or may fluctuate depending on the circumstances. The factors influence the model's constructs that then affect the extent of alignment in each construct and ultimately determine the combined profile of the constructs. The influence of the factors and combined profile results in the essence of the therapeutic interaction either toward a discrete model or occupation-based practice. The continuum of occupational therapy practice is represented by a double-sided arrow, the extremes of which are a defined discrete model and occupation-based practice. Each therapeutic interaction with and between clients dynamically exists along the continuum. The collective model is depicted in Figure 3.

Figure 3

Graphic Depiction of the Dynamic Model of Occupation-Based Practice



Model Assumptions

The model includes several assumptions as existing beliefs about the occupational nature of humans, the relationship between occupation and health, occupational therapists, and professional practice. The Dynamic Model of Occupation-Based Practice assumes that humans are occupational beings who have a need and desire to engage in meaningful occupations. The reciprocally beneficial relationship between occupational engagement and health is foundational to the model and supports the need to use occupation as a therapeutic approach. The model also assumes occupational therapists possess a foundational belief about client care that is either more or less aligned with occupation-based approaches. This foundational belief system is dynamic and ever changing; and while it is built on the therapist's education, work experience, and personal alignment with the profession's philosophical assumption; it can shift and respond to professional growth or contextual influences. Finally, while the use of occupation in practice is ideal to restore health, the course of therapeutic interactions, both assessment and intervention, consists of a necessary mix of discrete models and occupation-based approaches. The integration of discrete models into occupation-based practice is necessary to address health, safety, and

third-party requirements. For example, therapists must observe and educate about contraindications, perform dressing changes for infection prevention and healing, and measure range of motion to justify the need for services and achievement of outcomes even though these interactions are not occupation-based.

Features of the Occupation - Based Practice Assessment

The Occupation-Based Practice assessment is a unique instrument that measures the extent of occupation in clinical practice and academic environments as well as the nature of influences which may foster or hinder the inclusion of occupation. The tool

- is grounded in a model depicting occupational therapy practice including
    - the constructs that comprise occupation-based practice; authentic occupation, meaningful and purposeful value, therapeutic intent, and engaged participation
    - the influences on the use of occupation in practice; the system, the physical environment, the therapist/student, and the client
    - the continuum of practice ranging from occupation-based practice to a range of discrete models such as medical model, educational model, psychological model, corporate model, military model, correctional model, complementary and alternative model;
- recognizes occupational therapy practice as a compilation of therapeutic interactions which exist along the continuum of practice;
- acknowledges not all therapeutic interactions can be occupation-based as there are necessary practices to ensure the health and safety of clients
- allows practitioners and students to increase awareness about the nature of their therapeutic interactions with clients to optimize the use of occupation in practice;
- measures therapeutic interactions that are both intervention and assessment in nature;
- identifies which factors promote or support the use of occupation versus those factors that impede the use of occupation;
- can be used across all practice settings including in-patient, outpatient, community settings;
- can be use with all client representing all ages, levels of health, and diagnostic and health conditions;
- measures the occupation-centeredness of assessment tools in the absence of working with a client;

Psychometric Properties of the Occupation - Based Practice Assessment

Validity

Face and content validity is supported when experts agree that the full domain or content of the construct has been measured.

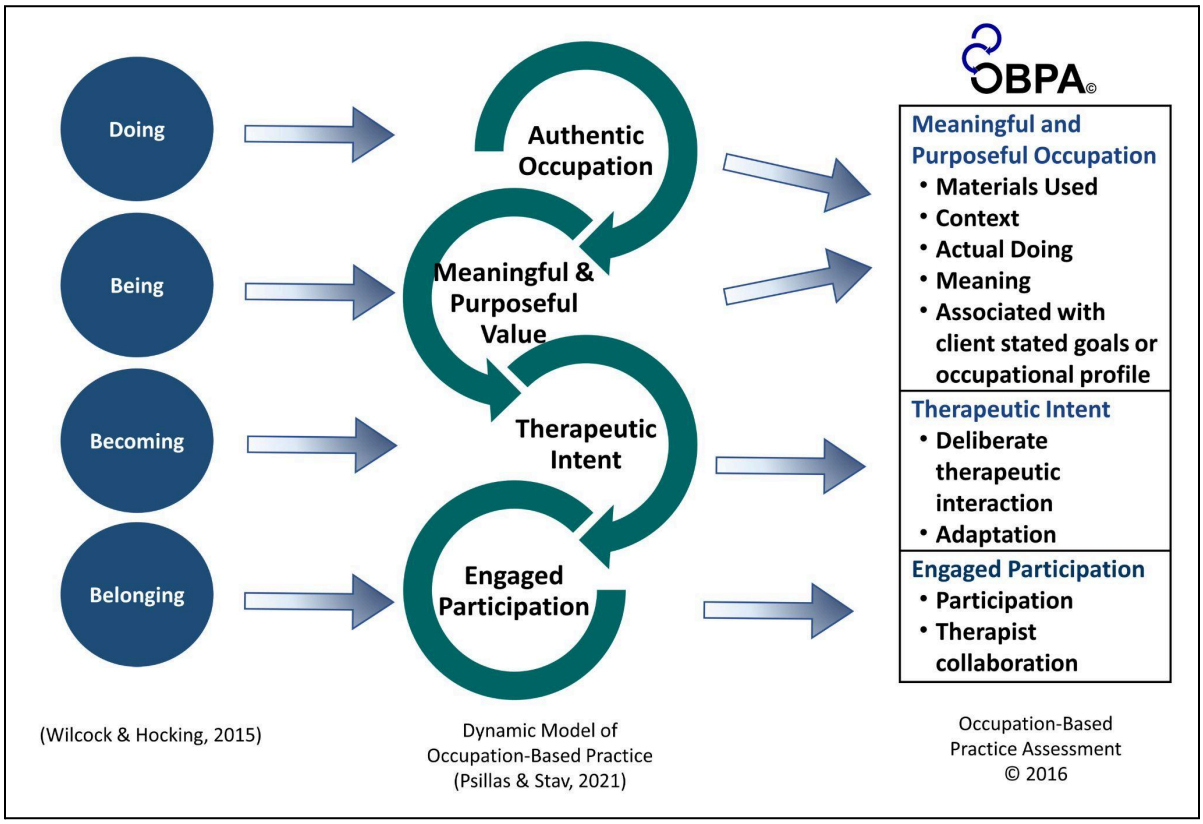
Over the course of the development of the OPBA subject matter experts in the field of occupational therapy and occupational science were identified and consulted. This group of experts were composed of nationally and internationally renowned occupational therapists involved in academia, clinical practice, and/or research. The individuals were selected due to their published and otherwise recognized work and foundational development in the theory of occupation-based practice and occupational science. The authors met individually with the identified experts and were provided with written and oral feedback specific to the constructs of occupation, the connection of the OBPA to relevant theory, and the required components of each construct. Feedback and recommendations were considered. Implemented, and incorporated into the scales, procedures, and incorporated into the OBPA manual. All seven expert panel members involved in this process unanimously determined the OBPA satisfied face and content validity domains of a method to measure clinical practice and practice environments with the goal of increasing awareness of practice specific to the use of occupation as a therapeutic medium to optimize the use of occupation in practice.

Construct validity concerns how well a set of indicators represent or reflect a concept that is not directly measurable. In this case, the construct of occupation-based practice is abstract and unobservable, but represents clinical practice that uses occupation as a therapeutic medium. The OBPA is designed to quantify clinical practice along a continuum; which at one end involves client engagement in meaningful occupation while the other end represents reductionistic practice focusing on a part of a person or an isolated skill described as component based by Fisher (1998), structuralist by Hooper and Wood(2002), medical model by Reed and Peters (2008), and mechanistic by Kielhofner (1997) and Molineux (2004).

The OBPA specifically reflects the constructs of Wilcock and Hocking's *Occupational Theory of Human Nature*; doing, being, becoming, and belonging. Figure 4 depicts reflection of doing, being, becoming, and belonging in the constructs of authentic occupation, meaningful and purposeful value, therapeutic intent, and engaged participation respectively. The figure depicts the translation of constructs from the Dynamic Model of Occupation-Based Practice into the OBPA sections.

Figure 4

Theoretical Foundation of the OBPA



The theoretical foundation of the OBPA partially establishes the construct validity of the instrument. Studies are ongoing to further establish construct validity of the OBPA. The next round of research will generate evidence of homogeneity through examination of correlations between section scores and total scores. Positive results of that study will further establish construct validity of the OBPA.

At this time, a study of concurrent validity is not possible as there is no gold standard assessment to compare against.

Reliability

The need for a tool to measure consistently is vital to its use in clinical settings, research studies, and program evaluations. Users must rely on an assessment tool to measure in the same manner regardless of the conditions or the raters. Interrater reliability studies were conducted using both videos of simulated clinical scenarios and in-vivo through observation of occupational therapists with their clients. These studies served to establish the psychometric properties of the OBPA but further examination will be done to verify intra professional reliability between occupational therapists and occupational therapy assistants.

Initial interrater reliability research was conducted virtually using simulated video cases depicting clinical practice due the COVID-19 related physical distancing protocols which restricted access to health care facilities. The study included ten occupational therapists with varying entry-level degrees who watched and scored five clinical scenarios for the use of occupation-based practice. The video scenarios represented an array of practice including proprioceptive neuromuscular (PNF) with a client who sustained a brain injury, a dishwashing activity with a client with multiple sclerosis, transfer training into a car with a client who sustained a stroke, shoe tying with a child who has a developmental delay, and administration of the Allen Cognitive Level Screen (ACLS) with a client with chronic mental illness. This preliminary interrater reliability study revealed promising consistency in ratings at the acceptable to very good range on items (W = .735 - .981), subscales (W = .807 - .871),and total (W = .868). The table below presents the level of agreement between raters on all parts of the assessment and the whole (Stav et al., 2021). Details of the interrater agreement are depicted in Table 6.

Table 6.

Simulated Video Scenarios Inter Rater Reliability of OBPA Items, Subscales, and Totals

OBPA Item	Kendall's W	Significance
Meaningful and Purposeful Occupation	.871	< .001
Material Used	.844	<.001
Context	.946	<.001
Actual Doing	.981	<.001
Meaning	.747	<.001
Assoc with Goals	.825	<.001
Therapeutic Intent	.819	<.001
Deliberate Therapeutic Interaction	.869	<.001
Adaptation	.799	<.001
Engaged Participation	.807	<.001
Participation	.735	<.001
Therapist Collaboration	.832	<.001
Total	.868	<.001

Note: The Therapeutic Intent subscale does not include items for the video depicting an assessment because the therapeutic interaction does not include expectations about working toward a goal.

The second interrater reliability study was conducted in a 356-bed non-profit, research and academic hospital with a level I trauma center in an urban area of the midwestern United States. Two occupational therapists volunteered to have all their therapeutic interactions observed and scored by a team of two researchers for an entire work day. On the days of observation, the therapists were assigned to the emergency department and the intensive care unit respectively, leading all observed therapeutic interactions to be assessment in nature without intervention. Each therapist used multiple informal and observational assessments during their therapeutic interaction with each client, yielding a total of 54 therapeutic interactions observed. Analysis of the agreement between the raters tested with a two-way mixed, absolute agreement, Intraclass Correlation Coefficient revealed good inter-rater reliability on the total OBPA score (ICC = .843; p <. 001). Detailed results of the in-vivo inter rater reliability study are presented in Table 7.

Table 7.
In-Vivo Inter Rater Reliability of OBPA Subscales, and Totals

OBPA Item	ICC	Significance
Meaningful and Purposeful Occupation	.951	<.001
Engaged Participation	.487	.004
Total	.843	<.001

Utility of Self-Administration

Observer ratings have proven the OBPA to have strong interrater reliability which yields usable data. However, it is not ideal to administer the OBPA exclusively with observer ratings. There are a number of biases associated with observer administration which could interfere with the results including different perspectives, altered practice for social desirability and end aversion (Streiner & Norman, 2008). As such, a study to determine the feasibility of the self administration was conducted by testing self-observer between self-administered scores and those scores assigned by an observer. One set of data compared observed ratings against self-ratings administered immediately following each therapy session while another set of data compared against self-ratings delayed to the end of the work day. The agreement between scores under both conditions were good regardless of the timing of the self-rating suggesting limited recall bias. The results suggest the OBPA can be used for self-administration with good reliability on the OBPA total score (ICC = .937 - .856; p <.001). Detailed results of self administration feasibility analysis are presented in table 8.

Table 8.
Self - Observer Agreement of OBPA Subscales, and Totals

	Delayed Self-Assessment		Post Session Self-Assessment	
OBPA Item	ICC	*p* value	ICC	*p* value
Meaningful and Purposeful Occupation	.929	<.001	.878	<.001
Engaged Participation	.578	.006	.462	.089
Total	.937	<.001	.856	<.001

Administration and Scoring of the Occupation - Based Practice Assessment

The OBPA is administered to measure each therapeutic interaction with a client and therefore will be administered several times capturing all the therapeutic activities in a single therapy session. For example, a therapy session in an in-patient rehabilitation facility may consist of 1) transfer training, 2) ADL retraining, 3) positioning, and 4) family education for a total of four administrations of the OBPA. The time to administer the OBPA for each therapeutic activity is less than one minute. Ideally, the OBPA should be administered after each therapeutic activity for optimal recall and validity of responses; however this is not likely feasible due to the transition and flow between activities. Therefore, at the completion of each therapy session with a client, practitioners should score the OBPA on each therapeutic interaction with the client.

Considerations for Administration

Some clinical scenarios require special considerations during administration including:

- The group intervention scale should be used when family or relevant others are involved in the therapeutic interaction. In alignment with family-centered care principles, individuals adjacent to the patient are beneficiaries of occupational therapy services as well. Therefore, when providing family education or facilitating co-occupation between the client and relevant others, the group intervention scale should be used. Of particular note, all present parties need not participate in the same occupation at the same time as this is not a requisite of co-occupation. For example, an intervention facilitating parental feeding in the NICU involves the infant eating and the parent engaging in child care.
- Interventions with children involving play, specifically symbolic play, should score the materials used as actual occupation items. The object used in symbolic play is a toy and true to the play occupation of a child. This interpretation is consistent with items such as rocks, sticks, puddles, and blankets inducted in the Toy Hall of Fame.

- The frequency of administration should not be intermittent, measuring only the most occupation-based interaction. Since the Dynamic Model of Occupation-Based Practice recognizes the full continuum of discrete and occupation-based approaches as constituting comprehensive occupational therapy care, consecutive interactions should be assessed for prolonged periods of time such as all interventions with a single client or ideally a full day of practice.

Responses for each administration are entered into the OBPA using a Google Form. In this administration format, all responses are then manually converted into a numeric value (see table below to response equivalent values). For each therapeutic interaction administration, subtotals are calculated for each section (*Meaningful and Purposeful Occupation, Therapeutic Intent,* and *Engaged Participation*) and an overall total is calculated. All the total scores from the measurement session (a single client, several clients, or an entire day) are averaged to provide a comprehensive representation of that measurement session. This score can be used as a baseline, or later, a comparison against other measurement sessions. For the individual user, practitioners should examine subtotals and totals as well as trends across administrations to assess progress toward occupation-based practice.

As with any measurement tool, it is important therapists have the expertise and training necessary to administer the measure in a reliable and valid manner.

Therapeutic Interaction Scale - Individual Intervention

This scale is administered when providing an intervention to an individual client. Administration requires a progression through each item but may be scored out of sequence if later responses become evident earlier in the interaction. Interpretation of summative scores is available in the Interpretation of the Therapeutic Interaction Scale section and examples of a variety of clinical practice scenarios and associated scoring of the OBPA is available in the Application of the Occupation - Based Practice Assessment section of the manual. The full scale with all questions and response options is available at Therapeutic Interaction Scale - Individual Intervention.

Table 9

Individual Intervention Item Response Options and Rationale

Item	Select this Response	If the Intervention …
Materials Used	Actual Occupation Items	Uses objects that are naturally used to complete an occupation (ex: fork and knife cutting a hot dog on a plate)
	Simulated Objects	Uses objects that are representative of objects used in the occupation (ex: toy utensils cutting putty on the table)
	No Materials/Gesturing	Does not use equipment (ex: playing charades and demonstrating the motions of cutting food)
Context	Natural to occupation	Takes place in a setting consistent with the occupation (ex: toilet transfers in the client's restroom in their home or hospital room)
	Simulated	Takes place in an environment that replicates where the occupation occurs (ex: toileting in the restroom in a rehabilitation gym)
	Not Related	Occurs in a location inconsistent with where the occupation occurs (ex: toileting on a commode placed bedside in the client's bedroom)
Actual Doing	Execution of Task of Partial Task	Involves physical, cognitive, or psychological execution of a task (ex: determination of sufficient funds and writing a check pay a bill while addressing financial management)
	Contrived / Simulated Activity	Uses a simulation of a task to replicate engagement in a task (ex: completing a cognitive rehabilitation worksheet with fabricated utility bills and blank checks)
	Preparatory or Rote Movement	Uses a repetitive physical, cognitive, or psychological exercise to build a skill

Item	Select this Response	If the Intervention …
		(ex. employs a computer-based cognitive retraining game build problem solving skills)
Meaning	Client Identified/ Selected Activity	Uses an activity that is personally meaningful to the client (ex. cooking activity for a client who identified meal preparation for their family as a priority)
	Client Adopted Therapist Meaning	Uses an activity initially introduced by the therapist but the client established psychological, philosophical, or spiritual feelings about the activity (ex. cooking activity with a young adult in a supported living facility who is transitioning to independent living)
	Therapist Chose Activity	Uses an activity selected in isolation of and not aligned with meaning to the client (ex: client does not cook at home, but therapist wants to addressing activity tolerance while cooking)
Associated with Client Stated Goals or Occupational Profile	Aligned with Client Stated Goals	Is aligned with a goal or an occupation identified on the occupational profile or in the treatment goals (ex. client's one goal is to self-feed using utensils and the activity is scooping yogurt at lunch with a spoon)
	Not Associated with Goal	Is not aligned with a goal or an occupation identified on the occupational profile or in the treatment goals (ex. client's one goal is to self-feed using utensils and the activity is swinging in the therapy gym)
Deliberate Therapeutic Interaction	Directly Addresses Skill or Occupation in Need	Intentionally targets the skill, behavior, or occupational need of a client (ex. range of motion exercises to maintain joint mobility following a burn-related skin graft)

Item	Select this Response	If the Intervention …
	Indirectly Addresses Skill or Occupation in Need	Is beneficial to the client even if it is not directly moving toward the client's occupational goal (ex. using guided imagery to increase tolerance for pain during wound dressing changes)
	Not Related to Identified Occupational Need	Not aligned with the client's occupational needs (ex. using a seated puzzle activity with a client with burns and pain during mobility)
Adaptation Note: Adaptation to the task or environment may be accomplished in real time during the activity, at the time of activity set up through the use of clinical reasoning and the therapist's knowledge of the client to create the just-right-challenge.	Modifying the Task/ Environment to Meet the Just-Right Challenge	Involves grading the activity up or down by modifying the task and/or environment to optimize performance and promote occupational engagement using the just-right-challenge (ex. check writing activity with adjustment of lighting, increasing contrast between the pen and paper, and provision of tactile feedback for a client with low vision)
	Partial Task/ Environmental Adaptation	Involves grading the activity up or down through task and/or environmental modifications before or during the activity which does not fully achieve the just-right-challenge (i.e., the client still cannot complete the activity or the activity is too easy) (ex. check writing activity with client with low vision using lighting adjustments causing continued performance struggles)
	No Modification or Insufficient Adaptation	Remains as initially set up for the client to complete with no modifications to grade the activity (ex. check writing activity with a client with low vision with no changes to the materials or lighting after set up, allowing the client to work through an activity using trial and error or abandon the activity altogether)

Item	Select this Response	If the Intervention …
Participation	Actively Engaged	Includes the client's active involvement throughout the therapeutic interaction (ex. client with a stroke eagerly completing PNF diagonal exercises to reach an increasingly higher target)
	Coaxed or Intermittent Performance	Requires prompting to begin or periodic reminders to re-engage during the therapeutic interaction (ex. client with a stroke completing PNF diagonal exercises periodically stopping to check text messages, requiring therapist to remind them to stay on task)
	Passive	Involves the client receiving a passive intervention approach (ex. client with a stroke receiving electrical stimulation treatment for their subluxed shoulder)
Therapist Collaboration	Therapeutic-Use-of-Self Facilitating Engagement	Incorporates interactions between the therapist, client, and relevant others using the therapist's personality, insights, perceptions, and judgments to establish a relationship and produce meaningful participation in occupations (ex: endurance exercise for a client on a cardiac rehabilitation unit using a handbike, while engaged in discussions about the client's desired occupations following discharge)
	Therapist Directed/ Guided Activity	Involves set up and oversight of therapeutic activities with interactions limited to the activity such as counting repetitions or reminders to take a break (ex. client on a cardiac rehabilitation unit using a handbike, with therapist providing periodic check-ins to check vital signs)
	Supervision from Therapist	Involves set up of an activity and oversight of engagement from afar to monitor participation, progress, and safety (ex. setting up a client in cardiac rehabilitation on

Item	Select this Response	If the Intervention …
		a handbike and facing the other direction while completing point of care documentation)

Therapeutic Interaction Scale - Group Intervention

This scale is administered when providing an intervention to a group of clients. A group intervention is an intentional gathering of clients using a shared or collective activity/occupation and not merely providing intervention to more than one client at the same time. Administration requires a progression through each scale item but may be scored out of sequence if later responses become evident earlier in the interaction. Interpretation of summative scores is available in the Interpretation of the Therapeutic Interaction Scales section and an example of a group intervention scenario and associated scoring of the OBPA is available in the Group Intervention section of the manual. The full scale with all questions and response options is available at Therapeutic Interaction Scale - Group Intervention.

Table 10

Group Intervention Item Response Options and Rationale

Item	Select this Response	If the Group Intervention…
Materials used	Actual Occupation Items	Uses objects that are naturally used to complete an occupation (ex: pots, cooking utensils and food in a rehabilitation cooking group)
	Simulated Objects	Uses objects that are representative of objects used in the occupation (ex: putty and toy rolling pins to make “pizza” in a pediatric playgroup)
	No Materials/Gesturing	Does not use equipment (ex: wheelchair aerobic group)
Context	Natural to Occupation	Takes place in a setting consistent with the occupation (ex: community re-entry group trip to the mall)
	Simulated	Takes place in an environment that replicates where the occupation occurs

Item	Select this Response	If the Group Intervention…
		(ex: cooking group in a large adaptive kitchen in a rehabilitation hospital)
	Not Related	Occurs in a location inconsistent with where the occupation occurs (ex: playing B-I-N-G-O in the hallway while clients are each socially distanced sitting in their doorway)
Actual Doing	Execution of Task or Partial Task	Involves physical, cognitive, or psychological execution of a task (ex: playing a board game while addressing turn-taking and problem-solving)
	Contrived/ Simulated Activity	Uses a simulation of a task to replicate engagement in a task (ex: completing a teambuilding activity such as *Stranded on an Island* to foster collaboration and cooperation with a substance recovery group)
	Preparatory or Rote Movement	Uses a repetitive physical, cognitive, or psychological exercise to build a skill (ex. Hitting a balloon between group members seated in a circle)
Meaning	Participating Clients Identified/ Selected Activity	Uses an activity that is personally meaningful and chosen by the clients (ex. Collective planning and shopping for a Super Bowl party in a transitional living facility for brain injuries with a group of young adult males interested in sports)
	Participating Clients Adopted Therapist Meaning	Uses an activity initially introduced by the therapist but the clients established psychological, philosophical, or spiritual feelings about the activity (ex. competitive Pictionary® in a skilled nursing facility)
	Therapist Chose Activity	Uses an activity selected in isolation of and not aligned with meaning to the client (ex: Christmas ornament making in a fine

Item	Select this Response	If the Group Intervention…
		motor skills group regardless of clients' religious affiliation)
Associated with Client Stated Goals or Occupational Profile	Aligned with all Participating Clients' Stated Goals	Is aligned with a goal or an occupation identified on the clients' occupational profiles or in the treatment goals (ex. intentional composition of a group with similar goals or interests)
	Aligned with Some or None of the Participating Clients' Stated Goals	Is not aligned with a goal or an occupation identified on the clients' occupational profiles or in the treatment goals (ex. compilation of clients into a group based on availability or need to fulfill treatment minutes)
Deliberate Therapeutic Interaction	Addresses at Least One of Each Participating Clients' Skills or Occupations in Need	Intentionally targets at least one skill, behavior, or occupational need of every client in the group (ex. occupational exploration group with clients in a substance recovery facility)
	Addresses at Least One of Some of the Participating Clients' Skills or Occupations in Need	Is therapeutically beneficial to some but not all of the clients in the group (ex. murder mystery detective activity with a group clients; some of which have executive functioning deficits and some have orthopedic conditions)
	Does not Address any of the Participating Clients' Identified Occupational Needs	Is not aligned with any of the clients' occupational needs (ex. transit training group with bus schedule reading and route planning for a group of clients living in a residential dementia facility)
Adaptation Note: Adaptation to the task or environment	Modifying the Task/ Environment to Meet the Just-Right Challenge	Involves grading the activity up or down by modifying the task and/or environment to optimize performance and promote occupational engagement using the just-right-challenge (ex. changing or moving materials and clients' positions

Item	Select this Response	If the Group Intervention…
may be accomplished in real time during the activity, at the time of activity set up through the use of clinical reasoning and the therapist's knowledge of the clients to create the just-right-challenge.		during a cooking group, and managing the variable needs of individual clients so they can collectively accomplish the cooking activity)
	Partial Task/ Environmental Adaptation	Involves grading the activity up or down through task and/or environmental modifications before or during the activity which does not fully achieve the just-right-challenge (i.e., the clients still cannot complete the activity or the activity is too easy) (ex. activity to decorate the living space in a group home in preparation for a holiday, but must tasks are too difficult or out of reach and the therapist completes the majority of the activity)
	No Modification or Insufficient Adaptation	Remains as initially set up for the client to complete with no modifications to grade the activity (ex. painting activity to cooperatively complete a large wall hanging with a classroom of students with significant physical and intellectual disabilities who cannot manipulate art supplies)
Participation	All Clients are Actively Engaged	Includes the clients' active involvement throughout the therapeutic interaction (ex. clients in a college transition program for students with Autism Spectrum Disorders participating in a ropes course; all clients are either navigating the course or encouraging their peers)
	Active Engagement of Clients is Inconsistent	Requires prompting to begin or periodic reminders to re-engage during the therapeutic interaction (ex. clients in a college transition program for students with Autism Spectrum Disorders

Item	Select this Response	If the Group Intervention…
		participating in a ropes course; clients need coaxing to participate or remain engaged when it is not their turn)
	At Least One Client is Fully Disengaged	Involves at least one group member who does not participate in the group activity (ex. clients in a college transition program for students with Autism Spectrum Disorders participating in a ropes course; one client stands off the side throughout the activity)
Therapist Collaboration	Therapeutic-Use-of-Self Facilitating Engagement	Incorporates interactions between the therapist, clients, and relevant others using the therapist's personality, insights, perceptions, and judgments to establish relationships and produce meaningful participation in the group activity (ex: goal setting group in a mental health facility in which the therapist participates, sharing their own weekly goals and providing direct feedback to participants' stated goals)
	Therapist Directed/ Guided Activity	Involves set up and oversight of therapeutic activities with interactions limited to the activity such as counting repetitions or reminders to take a break (ex. goal setting group in a mental health facility in which the therapist roams throughout the room checking participants' progress and providing some feedback)
	Supervision from Therapist	Involves set up of an activity and oversight of engagement from afar to monitor participation, progress, and safety (ex. goal setting group in a mental health facility in which the therapist assigns "homework" for clients to write weekly goals to turn in at the next meeting)

Therapeutic Interaction Scale - Assessment / Outcome

Therapeutic interactions which are measurement in nature are assessed with this scale. Initial evaluation sessions and re-evaluation sessions will likely use this scale exclusively. However, period re-assessment of a client's skills or function, even if infused into an intervention session would appropriately use this scale. Interpretation of summative scores is available in the Interpretation of the OBPA section and an example of an assessment scenario and associated scoring of the OBPA is available in the Assessment Example section of the manual. The full scale with all questions and response options is available at Therapeutic Interaction Scale - Measure / Outcome Scale.

Table 11

Assessment Interactions Item Response Options and Rationale

Item	Select this Response	If the Assessment…
Materials Used	Actual Occupation Items	Uses objects that are naturally used to complete an occupation (ex: toothpaste, toothbrush, cup, and water in assessment of oral hygiene)
	Simulated Objects	Uses objects that are representative of objects used in the occupation (ex: a pen to simulate hair brush to demonstrate brushing movements)
	Measurement Objects/ Therapist as Tool / No Materials	Uses an instrument designed to measure a client (ex: goniometer to measure joint range of motion)
Context	Natural to Occupation	Takes place in a setting consistent with the occupation (ex: assessment of a toilet transfer in the client's restroom in their home or hospital room)
	Simulated	Takes place in an environment that replicates where the occupation occurs (ex: assessment of toilet transfer in the large accessible restroom in a rehabilitation gym)
	Not Related	Occurs in a location inconsistent with where the occupation occurs (ex:

Item	Select this Response	If the Assessment…
		assessment of a toilet transfer from a wheelchair to the mat in the therapy gym)
Actual Doing	Execution of Task or Partial Task	Involves physical, cognitive, or psychological execution of a task (ex:donning and doffing clothes during an ADL assessment)
	Contrived/ Simulated Activity	Uses a simulation of a task to replicate engagement in a task (ex: asking the client to “show me how you’d put on a shirt” then observing presence of the requisite movements)
	Motor/ Sensory/ Cognitive Skill Measurement	Measures a physical, cognitive, or psychological skill used in occupational engagement (ex. range of motion or manual muscle testing of the movements required to don a shirt)
Meaning	Therapist Inquires/ Gathers Client Meaning	Involves asking the client about the occupations that are personally meaningful or necessary, may be gathered formally with an assessment or via an information interview
	Client Meaning not Gathered	Does not inquire about occupations that are meaningful or necessary to the client
Participation	Actively Engaged	Includes the client’s active involvement throughout the assessment (ex. client remains engaged, exerting full effort throughout a timed assessment such as the Nine- Hole Peg Test)
	Coaxed or Intermittent Performance	Requires prompting to begin or periodic reminders to re-engage during the assessment (ex. client periodically stops and requires prompting during a timed assessment such as the Nine Hole Peg Test)

Item	Select this Response	If the Assessment…
	Passive	Involves the passive measurement of a client (ex. circumferential assessment of edema of the hand)
Therapist Collaboration	Therapeutic-Use-of-Self Facilitating Engagement	Incorporates interactions between the therapist, clients, and relevant others using the therapist's personality, insights, perceptions, and judgments to establish relationships and yield assessment results that represent what is meaningful to the client (ex. Engages in discussion with the client about the process of therapy, identifies and uses what motivates the client, provides feedback about performance, offers encouragement, constructively suggests alternatives)
	Verbal Exchange with Client	Includes a progression through the items in an assessment or evaluation without deviation for deeper inquiry

Measurement Tool Scale

Assessment tools are administered in one of three primary manners; doing in which the client is actively engaged in a task, interview/questionnaire involving asking client open or closed-ended questions, and list/inventory/diary using finite lists or tracking of occupations or activities. Each of the three types of assessment is measured along a unique set of criteria. Interpretation of summative scores is available in the Interpretation of the Assessment Tools Scale section of the manual. The full scale with all questions and response options is available at Measure Tool Scale.

The authors of the OBPA do not endorse or denounce any particular assessment and recognize a variety of tools ranging from *occupation - based* to *discrete* should be used to generate the most comprehensive picture of a client. While several assessment tools are identified in the following administration guidelines; mention of an assessment tool does not connote support or denunciation of the tool.

Doing Assessment Tools

Table 12

Doing Assessment Item Response Options and Rationale

Item	Select this Response	If the Assessment Tool…
Materials Used	Actual Occupation Items	Uses materials that are naturally used to complete an occupation (ex. Assessment of Motor and Process Skills [AMPS] - ironing a shirt using an iron, shirt, and ironing board)
	Measurement Objects / No Materials	Uses objects that are representative or out of context of an occupation (ex. Purdue Pegboard using board with predrilled holes, pegs, collars, and washers)
	No Materials	Uses no equipment and may use the therapist as the tool (ex. Manual Muscle Testing in which the therapists applies a counterforce)
Context	Natural to Occupation	The assessment measures the environment in which the occupation takes place. (ex: Home Assessment Profile)
	Simulated	The assessment measures the environment in a contrived situation. (ex: Power Mobility Indoor Driving Assessment)
	Not Related	The assessment does not measure a specific environment. (ex: Barthel Index of Activities of Daily Living)
Instruction Language	Occupation terminology	Includes instructions or a script inclusive of occupation language (ex. assessment of ADL using the Arnadottir OT-ADL Neurobehavioral Evaluation [A-ONE])
	Task terminology	Includes instructions or a script inclusive of task language (ex. Bruininks-Oseretsky 2 [BOT2] instructions to place pennies in a box)

Item	Select this Response	If the Assessment Tool…
	Motor/Sensory/Cognitive/Social terminology	Includes instructions or a script inclusive of performance skill language (ex. assessment of visual perceptual skills using the Motor-Free Visual Perceptual Test 3)
Meaning	Occupational choices / Identified by client	Allows the client to select the occupational focus of the assessment (ex. Assessment of Motor and Process Skills [AMPS])
	Tool-determines occupations	Includes a finite and pre-determined repertoire of occupations (ex. Kitchen Task Assessment)
	No personal meaning	Includes doing that is pre-determined and not personally meaningful to the client (ex. Jebsen-Taylor Hand function Test)
Purpose	Execution of task or partial task	Involves physical, cognitive, or psychological execution of a whole or partial task (ex: Powered Mobility Indoor Driving Assessment [PIDA] requiring maneuvering of mobility device through the environment)
	Contrived / Simulated activity	Uses a simulation of a task to replicate engagement in a task (ex. Test of Gross Motor Development, 2nd edition [TGMD-2])
	Motor/Sensory/Cognitive skill measurement	Measures a physical, cognitive, or psychological skill used in occupational engagement (ex: The St. Louis Mental Status Examination [SLUMS])
Application to Plan of Care (Client Assessment)	Informs occupation-centered goals	Assessment results lead the therapist to write occupation-centered goals (ex. client will fabricate one quilt square without tools to stabilize fabric)
	Informs behavior / skill-specific goals	Assessment results lead the therapist to write behavior or skill-specific goals (ex.

Item	Select this Response	If the Assessment Tool…
		client will increase MCP and DIP range of motion to 80 degrees of flexion)
Application to Plan of Care (Environmental Assessment)	Informs modification to support participation	Assessment results lead the therapist to develop a plan that facilitates client participation in occupation (ex. Prayer space will allow use of prayer books in varying fonts, Braille, and audio formats)
	Informs modification to support access	Assessment results will lead the therapist to develop a plan to facilitate the client entrance and mobility within a space (ex. Prayer buildings will include ramps and thresholds to allow access from street level as well as electronic doors)

Interview / Questionnaire Assessments

Table 13

Interview / Questionnaire Item Response Options and Rationale

Item	Select this Response	If the Assessment Tool…
Occupational Content	Occupation-focused	Includes items that are inclusive of broader meaningful engagement such as ADL, IADL, leisure, education, play, and/or social participation (ex. COPM explores the occupations problematic to the client).
	Task-focused	Items are limited to activities such as preparing a shopping list, reviews map for transportation route, or writing a check (ex. Manual Ability Measurement [MAM-36])
	Behavior/Skill-focused	Items are focused on behaviors and skills such as making a fist or recalling information. (ex. Autobiographical Memory Interview [AMI])
Context	Questions address context	Includes items specific to spaces and contexts in which occupations are

Item	Select this Response	If the Assessment Tool…
		performed such as differences in performance between home and school, the virtual context, or temporal aspects of performance. (ex. School Setting Interview)
	Context not addressed	Does not consider where or when the occupation or task is performed (ex. McGill Pain Questionnaire [MPQ]).
Question / Item Language	Occupation terminology	Includes terminology that is focused on occupations in which a person engages during life (such as ADL, IADL, work, education, leisure, play, or social participation). (ex. Occupational Performance History Interview- II [OPHI-II])
	Task terminology	Includes language depicting parts of engagement which when combined with others can collectively constitute an occupation such as opening a jar, cutting bread, squeezing toothpaste onto a toothbrush. (ex. School Function Assessment [SFA]) inquires about the ability to complete many daily tasks)
	Behavior / Skill terminology	Includes language representing body function or skills such as memory, emotion, strength (ex. Beck Depression Inventory)
Meaning	Open occupational exploration	Includes the ability for clients to openly discuss the occupations of meaning to them (ex. Occupational Performance History Interview- II [OPHI-II])
	Fixed occupational choices	Includes a predetermined set of engagement regardless of personal meaning (ex. Sensory Profile)
	No personal meaning	Does not address the meaning of engagement to the client (ex. Student Adaptation to College Questionnaire [SASQ])

Item	Select this Response	If the Assessment Tool…
Application to Plan of Care (Client Assessment)	Informs occupation-centered goals	Assessment results lead the therapist to write occupation-centered goals.
	Informs behavior / skill-specific goals	Assessment results lead the therapist to write behavior or skill-specific goals.
Application to Plan of Care (Environmental Assessment)	Informs modification to support participation	Assessment results lead the therapist to develop a plan that facilitates client participation in occupation (ex. Prayer space will allow use of prayer books in varying fonts, Braille, and audio formats)
	Informs modification to support access	Assessment results will lead the therapist to develop a plan to facilitate the client entrance and mobility within a space (ex. Prayer buildings will include ramps and thresholds to allow access from street level as well as electronic doors)

List / Inventory / Diary Assessments

Table 14

List / Inventory / Diary Item Response Options and Rationale

Item	Select this Response	If the Assessment Tool…
List Items	Occupations	Includes items that are inclusive of broader meaningful engagement such as ADL, IADL, leisure, education, play, and/or social participation (ex. Visual Activity Sort).
	Tasks	Items are limited activities such as preparing a shopping list, reviews map for transportation route, or writing a check (ex. Sleep Diary)

Item	Select this Response	If the Assessment Tool…
	Behaviors/Skills	Items are focused on behaviors and skills such as making a fist or recalling information (ex. Early Coping Inventory).
Context	Contextual Relevance	Includes items that acknowledge spaces or contexts in which occupations are performed such as differences in performance between home and school, the virtual context, or temporal aspects of performance. (ex. Diabetic Food Log)
	Context not addressed	Does not consider where or when the occupation or task is performed (ex. Role Checklist).
Question / ItemLanguage	Occupation terminology	Includes terminology that is focused on occupations in which a person engages during life (such as ADL, IADL, work, education, leisure, play, or social participation). (ex. Self-Discovery Tapestry)
	Task terminology	Includes language depicting parts of engagement which when combined with others can collectively constitute an occupation such as opening a jar, cutting bread, squeezing toothpaste onto a toothbrush. inquires about the ability to complete many daily tasks) (ex. Disability of Arm, Shoulder, and Hand [DASH])
	Behavior / Skills terminology	Includes items representing body function skills such as memory, emotion, strength (ex. Aberrant Behavior Checklist-Second Edition [ABC-2])
Meaning	Open occupational exploration	Includes the ability for clients to openly create a list of occupations of meaning to them (ex. Occupational Experience Profile (OEP)
	Fixed occupational choices	Includes a predetermined list of activities/occupations/behaviors regardless of personal meaning (ex. Sensory Profile)

Item	Select this Response	If the Assessment Tool…
	No personal meaning	Does not address the meaning of engagement to the client (ex.Brief Pain Inventory [BPI]).
Application to Plan of Care (Client Assessment)	Informs occupation-centered goals	Assessment results lead the therapist to write occupation-centered goals.
	Informs behavior / skill-specific goals	Assessment results lead the therapist to write behavior or skill-specific goals.
Application to Plan of Care (Environmental Assessment)	Informs modification to support participation	Assessment results lead the therapist to develop a plan that facilitates client participation in occupation (ex. Prayer space will allow use of prayer books in varying fonts, Braille, and audio formats)
	Informs modification to support access	Assessment results will lead the therapist to develop a plan to facilitate the client entrance and mobility within a space (ex. Prayer buildings will include ramps and thresholds to allow access from street level as well as electronic doors)

Practice Influence Scale

The Practice Influence Scale examines the four factors (physical environment, systems, therapist, and client) that influence the use of occupation either positively or negatively. Influences perceived as negative and barriers are scored as a *significant barrier* or *minor barrier* while influences which are perceived as positive and supportive are scored as *adequate* or *highly supportive*. Each influence can be perceived as positive or negative depending on the context or the assessor's perception. For example, a therapist working in an intensive care unit may perceive the physical environment as a significant barrier to using occupation because of the safety precautions and associated limitations; while a therapist working in home health may perceive the physical environment as a highly supportive because the client's own home contains all the spaces and materials naturally use in occupations. The reframing of an influence can also shift the rating on an influence from positive to negative and vice versa, so scoring should be based on the assessor's own perception or the collective perception of the practitioners in a clinical unit.

Table 15

Practice Influence Response Options and Rationale

Physical Environment			
Supplies and resources to facilitate occupations			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
The use of occupation is not possible or even prohibited due to the lack of access to supplies and resources (ex. there are no occupation-based supplies and management will not permit additional equipment purchases)	The use of occupation is difficult, but possible, and requires additional steps, access, or modification outside of the typical procedures to acquire occupation-based supplies (ex. a special request to order occupation-based equipment or the therapist must bring in materials at their own expense)	There are some occupation-based supplies accessible to infuse occupation in practice to meet most clients' occupational needs (ex. the rehab gym includes some occupation-based kits easily accessible for efficiency of use)	There are ample occupation-based supplies and resources accessible to practitioners to infuse occupation allowing for flexibility and creativity of occupational choices to meet all clients' occupational needs (ex. the majority of materials in a rehabilitation gym are occupation-based rather than exercise-based)
Space to execute occupations			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
The use of occupation is not possible or even prohibited due to the lack of space in which to perform occupations (ex.	The use of occupation is difficult, but possible and requires additional steps or creativity to locate spaces for	There are some contextually relevant spaces available to meet most clients' occupational needs (ex. A large	Highly Supportive There is ample space to employ occupation-based approaches to meet clients' occupational needs

practice in the intensive care unit is limited to the client's beside and immediate area surrounding the bed)	occupational engagement (ex. school-based services are restricted to the designated OT room so practitioners advocate for push-in services to treat students in the classroom)	rehabilitation gym with sufficient furniture to avoid sharing spaces)	(ex. nature-based occupational therapy program has boundless space to provide services)
Access to multiple contexts			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
The use of occupation is significantly hindered by the lack of diversity in practice spaces (ex. practice in a correctional facility is restricted to a single meeting room for security purposes)	There is a primary space for the provision of occupational therapy services and use of other spaces is difficult, but possible and requires additional steps, creativity, or permissions (ex. school -based practice primarily provides for educational occupations and requires additional approvals to provide services on the playground, in the restroom, or in the cafeteria)	There are some contextually relevant spaces available to meet most clients' occupational needs (ex. a rehabilitation hospital with a simulated apartment, adaptive kitchen, and outdoor recreational and gardening space)	There are several occupation-based spaces available to meet all clients' occupational needs as well as existing protocols to facilitate community engagement. (ex. a rehabilitation hospital with simulated home and community engagement [apartment, store, library, bank, automobile] and regularly scheduled community integration outings
Systems			
Documentation system and requirements			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive

Extensive documentation is required and imposes on therapeutic interaction time with the clients or the documentation template is fixed allowing only “checkboxes” to record the occupations, engagement, and performance during the evaluation or during therapeutic interactions.	Documentation system is primarily “checkboxes” but has an option to add open ended comments, which may be difficult to access. Documentation templates and textboxes include fixed occupational choices and expansion to occupations of choice for the client requires use of additional areas of the documentation system.	Documentation system includes open ended questions to easily document occupations identified by the client as meaningful during the evaluation or document occupational engagement during interventions.	Documentation system includes a template to lead engagement to address all areas of occupation or allows for infusion of occupation-centere d assessments into the documentations.
Productivity requirements			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Productivity expectations can only be met by overlapping or doubling clients and using discrete therapeutic approaches to set clients up and shift attention elsewhere	Productivity expectations are present, but with creativity and use of personal time and resources, therapists are able to intermittently infuse occupation into practice	There are productivity expectations, but realistic enough to allow for adequate planning, organizing, preparing, and provision of services to meet the clients’ occupational needs	There are no imposed productivity requirements, allowing therapists to plan, organize, prepare, and provide services with a distribution of activities that best meet the clients’ occupational needs
Time flexibility in delivery model			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
All client sessions are a predetermined frequency and	Clients sessions can be scheduled for longer or short time blocks and/or	Sessions with clients are scheduled (duration and frequency),	Sessions with clients allow for as much or as little duration and

duration regardless of client needs	frequency to meet client needs	however, can be altered for during the course of care based on client needs	frequency to meet client needs
Insurance / Third Party Reimbursement			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Third party entities retain control over the client's care and may terminate coverage at their discretion	Only allotted a predetermined amount and frequency of services and coverage for equipment regardless of diagnosis or client needs	Additional resources beyond standard protocols can be attained with proper documentation and client need	Open ended resources based on client needs specific to services and equipment
Culture			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
The collective culture is dominated by a discrete model of practice (i.e., medical model, educational, psychological, correctional, corporate)	A minority of staff value occupation in practice with the majority ascribing to a discrete model	The majority of staff value the culture of occupation-focused care, however, administrative culture may have opposed beliefs	The collective culture values occupation and recognizes clients as occupational beings (i.e., occupation-based practice)
Therapist			
Support from colleagues			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Colleagues and administration value and/or use a	Colleagues and administration have a strong preference	Colleagues and administration value and/or are	Colleagues and administration encourage and

discrete model (i.e., medical model) and do not support the use of occupation	in a discrete model, however, are supportive of individual practitioners using occupation	willing to use occupation in practice, but also highly value and/or use other discrete models	support the use occupation
Experience with occupation			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Therapist has professional experience in settings and with resources using exclusively discrete approaches	Therapist has been exposed / has access to occupation-based settings and with resources, but has primarily used discrete approaches	Therapist professional experiences have incorporated a range of discrete and occupation-based settings and resources	Therapist has professional experience in predominantly occupation-based settings inclusive of occupation-based resources
Professional training			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Practitioner's education and continuing competence training predominantly focused on discrete models	Practitioner's education and continuing competence training was largely focused on discrete approach and superficially included occupation	Practitioner's education and continuing competence training had occupation as a primary focus and encouraged use of occupation as a therapeutic approach	Practitioner's education and continuing competence training was occupation-centere d and prioritized occupation-based practice
Philosophical beliefs			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Practitioner's professional beliefs are grounded in discrete approaches	Practitioner's professional beliefs prioritize discrete approaches with	Practitioner strongly believes in the health promoting benefits, but also highly values	Practitioner's professional beliefs are rooted in the health promoting

	supplemental occupation	discrete approaches	benefits of occupation
Critical thinking			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Practitioner defers professional decision making to established protocols and critical pathways	Practitioner relies on established protocols and critical pathways, but regularly reflects on occupation to make practice decision	Practitioner uses critical reasoning to determine a mixture of occupation-based and discrete approaches to meet client needs	Practitioner critically analyzes clients, their preferences, and circumstances to optimize occupation as a therapeutic approach
Intraprofessional collaboration			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Collaboration with OT colleagues is dominated by a discrete model and does not allow for infusion of an occupational perspective	Collaboration with OT colleagues is dominated by a discrete model but there are intermittent opportunities to highlight the role of occupation for clients	Collaboration with OT colleagues is equitable across therapeutic approaches with openness to the introduction of occupation	Collaboration with OT colleagues embraces the infusion of occupation
Client			
Client health status			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Clients are medically complex and unable to engage in occupation	Clients are very medically involved with the capacity to minimally engage in basic occupations	Clients health status fluctuates limiting the consistent use of occupation	Clients physical, emotional, and/or social capabilities are sufficient to fully allow for occupational engagement

Client motivation and willingness to engage in occupation			
Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Clients expect and will only engage in therapy reflective of discrete approaches	Clients primarily expect discrete approaches to care but are willing to attempt an occupational approach with coaxing	Clients are open to exploration of occupational approaches to their care in conjunction with discrete approaches	Clients expect and are motivated to pursue occupational engagement as a therapeutic modality

Interpretations of the Occupation - Based Practice Assessment

Need to write something about using the aggregate of scores generated by the practice of a single therapist or student to understand trends, areas of growth, and overall use of occupation-based practice. Additionally aggregate scores generated by the practitioners in a rehabilitation unit or healthcare facility may be used to assess the collective practice of a team, compare against client outcome data, client satisfaction. For research purposes, scores can be used to stratify practice into occupation - based versus practice using discrete models.

Therapeutic Interaction Scales

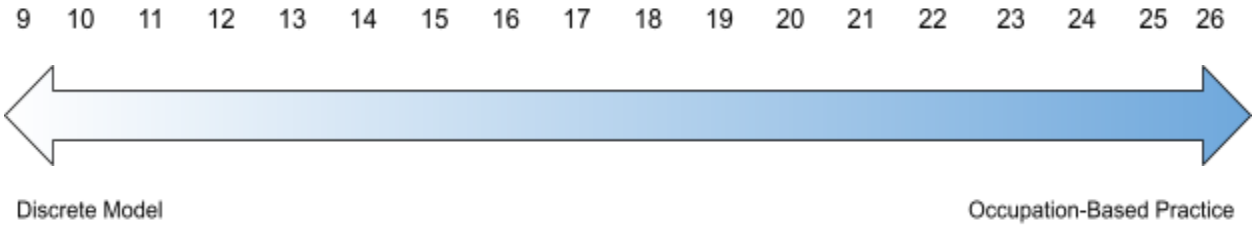
Each of the therapeutic interaction scales (Intervention, Group Intervention, Assessment/Outcome) are designed to be summative scales. Each item is assigned a point value with the bottom response option worth one (1) point, then increasing one (1) point for each above response option. The top item score for an item with three response options is three (3) while the top item score for an item with two response options is two (2). The lowest response option for each item is intentionally worth one (1) point rather than zero because any therapeutic attention is at least positively therapeutic compared to no therapeutic interaction at all. While the scales are intended to generate a summative value; practitioners, administrators, and academicians may look for patterns of high or low point values on specific items to address areas of potential growth or capitalize on strengths.

Total scores are generated for each therapeutic interaction with a client. Therefore, a sixty minute therapy session may yield multiple total scores depending on the number of different activities completed with the client. Total scores are interpreted relative to the continuum of occupation - based practice. Each total score can be considered; however, since every therapy session consists of a mix of occupation - based and discrete approaches, the trend of scores is more important to consider. Individual and group

interventions total between 9 and 26 points with extreme values representing the ends of the continuum.

Figure 5

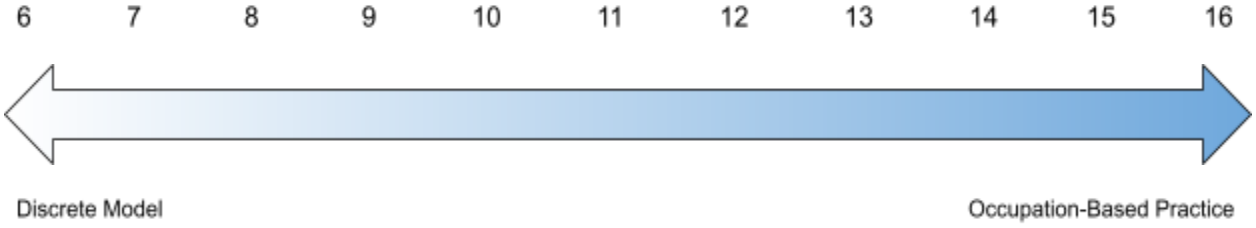
Interpretation of Summatives Scores on Individual Interventions Along the Occupation-Based Practice Continuum



The therapeutic interaction scale - assessment / outcomes total between 6 and 15 points with extreme values representing the ends of the continuum.

Figure 6

Interpretation of Summative Scores on Assessment Interactions Along the Occupation - Based Practice Continuum



Assessment Tools Scale

The Assessment Tool Scale measures the occupation - centeredness of an assessment tool in the absence of administration on a client; essentially capturing the potential of an instrument to be occupation - based while assessing a client. Assessments that are “doing” in nature yield total scores between 6 and 17, while “interview/questionnaire” and “list/inventory/diary” assessments generate total scores between 5 and 13. The total potential scores are divided into tertiles, creating three categories of assessments, discrete, intermediate, and occupation - based.

Figure 7

Interpretation of Summative Scores of Doing Assessments Along the Occupation - Based Continuum

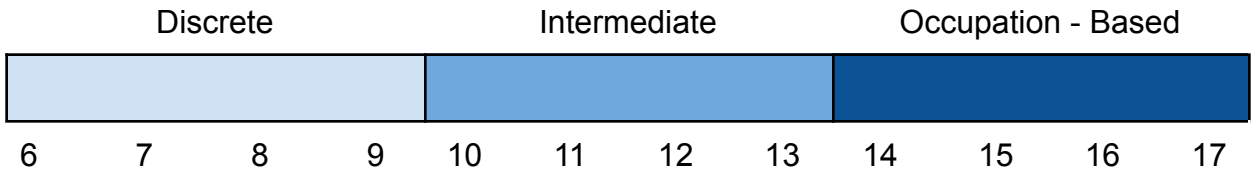
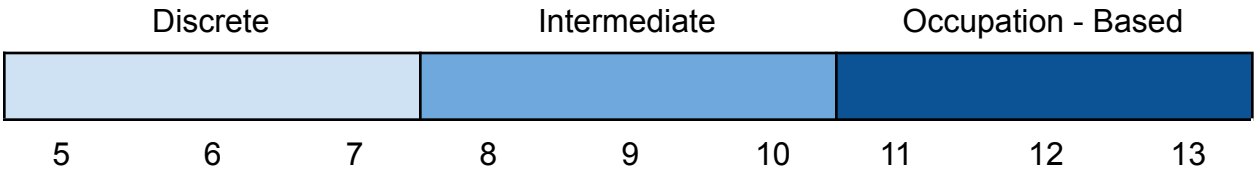


Figure 8

Interpretation of Summative Scores of Interview/Questionnaire and List/Inventory/Diary Assessments Along the Occupation-Based Continuum



Practice Influence Scale

The Practice Influence Scale is not summative in nature and is interpreted descriptively and subjectively to identify areas of practice, oneself, or the clients for potential change or expansion. It may be helpful to administer the Practice Influence Scale to explain patterns of scores on the Therapeutic Interaction Scales. For example, when self assessing and looking for areas of potential professional growth, the Practice Influence Scale can target areas for development. When aggregate scores generated from a clinic reveal a particular pattern, the Practice Influence Scale can identify potential reasons for that pattern. For example, consistently low scores in *Materials Used* may be explained by *Supplies and Resources* scoring as a Significant Barrier.

Application of the Occupation - Based Practice Assessment

The OBPA can be administered to assess therapeutic interaction with a client or group of clients, regardless of age, diagnostic group, or practice setting. The following examples are brief client scenarios representing a variety of cases and settings with clinical examples depicting occupation - based, intermediate, and discrete practice. Each clinical example includes the scoring and interpretation of the OBPA. Detailed rationale for scoring decisions is provided in the Administration and Scoring of the Occupation - Based Practice Assessment section.

Education to Client and Relevant Others

Case

Jamonica is a 37 year old mother of two children who sustained a back injury in a car accident. She is currently in in-patient rehabilitation and will be discharged home in the next week. Her movement is restricted in a back brace, but it provides stability and reduces her pain so she is committed to wearing the brace as prescribed. Jamonica is responsible for the majority of the home management and care for two young children since her husband travels a lot for work. During the evaluation, she described her home routine and responsibilities which included cooking and all kitchen tasks, laundry, housekeeping, and supervision of her children during bathing. Jamonica reports her

sister has agreed to come periodically to complete very physical tasks such as changing the sheets and vacuuming, and mopping, but she will remain responsible for day to day household management. When asked about prioritizing tasks, she identified managing the dishes and dishwasher as one of the more critical because a load is run almost daily and the idea of standing at the sink for long periods to hand wash is not realistic. Rehab case with client who needs education on balance, safety, and body mechanics

Occupation-Based Example

Jamonica's therapy session is scheduled in the facility's simulated apartment kitchen which her therapist reserved for the afternoon therapy session. The therapist introduces the dishwasher activity and Jamonica is anxious as she has not been very mobile since her back surgery. The therapist positions Jamonica near the dishwasher and introduces the concepts of body mechanics and energy conservation. Jamonica then apprehensively attempts the movements herself to squat down to retrieve a dish from the dishwasher and stand to place it on the counter, then reach above to place the dish in the cabinet. Throughout the movements, the therapist provides verbal feedback and encouragement as well as physical cues specific to trunk positioning during squatting. As the session progresses, Jamonica feels more comfortable with her abilities and newly learned strategies, even beginning to engage in casual conversation about foods she will prepare upon returning home.

Figure 9

OBPA Score Sheet for Education - Occupation-Based Practice Example

Meaningful and Purposeful Occupation

Materials Used

- ☑ Actual Occupation Items (3)
- ☐ Simulated Objects (2)
- ☐ No materials / unrelated object /gesturing (1)

Context

- ☐ Natural to occupation (3)
- ☑ Simulated (2)
- ☐ Not related (1)

Actual Doing

- ☑ Execution of task or partial task (3)
- ☐ Contrived / Simulated activity (2)
- ☐ Preparatory or rote movement (1)

Meaning

- ☑ Client identified / selected activity (3)
- ☐ Client adopted therapist meaning (2)
- ☐ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ☑ Aligned with client stated goal (2)
- ☐ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ☐ Indirectly addresses skill or occupation in need (2)
- ☐ Not related to identified occupational need (1)

Adaptation

- ☑ Modifying the task / environment to meet the just-right challenge (3)
- ☐ Partial task / environmental adaptation (2)
- ☐ No modification or insufficient adaptation (1)

Engaged Participation

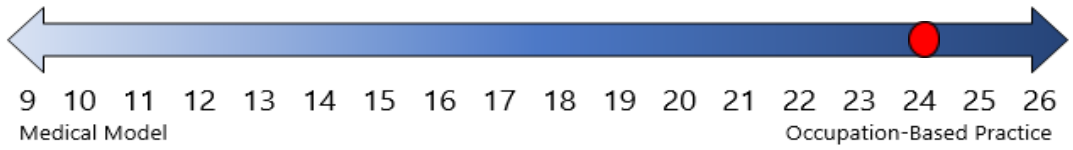
Participation

- ☐ Actively engaged (3)
- ☑ Coaxed or intermittent performance (2)
- ☐ Passive (1)

Therapist collaboration

- ☑ Therapeutic-use-of-self facilitating engagement (3)
- ☐ Therapist directed / guided activity (2)
- ☐ Supervision from therapist (1)

Total: 24 / 26



Intermediate Example

Jamonica's therapist sets up a station simulating a dishwasher using a low stool, a table, and a nearby shelf with cones piled on the low stool. The therapist introduces the concepts of body mechanics and energy conservation, explaining she will transfer the cones from the low stool to the counter and finally to the shelf above while using her legs to stoop and maintain her back in an upright posture. Jamonica expresses her apprehension because the stool looks very low and lower than anything she might reach for at home. The therapist assures her it is about the same height as a dishwasher and encourages her to squat to retrieve a cone from the low stool, return to standing and place it on the counter and finally reach to place the cone on shelf. Throughout the movements, the therapist provides verbal feedback and encouragement as well as physical cues specific to trunk positioning during squatting. As the session progresses, the therapist counts the cones as repetitions, observes when Jamonica might need a break, and moves the cones as necessary for easier reaching.

Figure 10

OBPA Score Sheet for Education - Intermediate Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ☑ Simulated Objects (2)
- ❑ No materials / unrelated object /gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ☑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ☑ Client adopted therapist meaning (2)
- ❑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ☑ Aligned with client stated goal (2)
- ❑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ❑ Directly addresses skill or occupation in need (3)
- ☑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ☑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

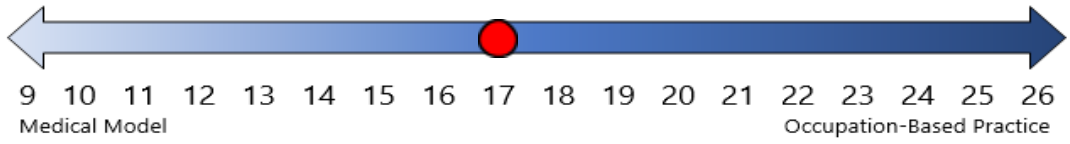
Participation

- ❑ Actively engaged (3)
- ☑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ☑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 17 / 26



Discrete Example

It is important Jamonica protect her back, the integrity of her surgery, and conserve her energy while moving about with greater effort due to the back brace. The therapist plans an educational therapy session to review body mechanics and energy conservation. The therapist provides Jamonica with handouts and sets her up in the education room to watch the patient education body mechanics video. The video is a 12 minute demonstration and education about joint protection specific to arthritis and body mechanics for lifting and bending. While Jamonica is watching the video, the therapist uses the free time to catch up on documentation just outside the education room.

Figure 11

OBPA Score Sheet for Education - Medical Model Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ☑ No materials / unrelated object /gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ☑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ☑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ❑ Aligned with client stated goal (2)
- ☑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ❑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ☑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ☑ No modification or insufficient adaptation (1)

Engaged Participation

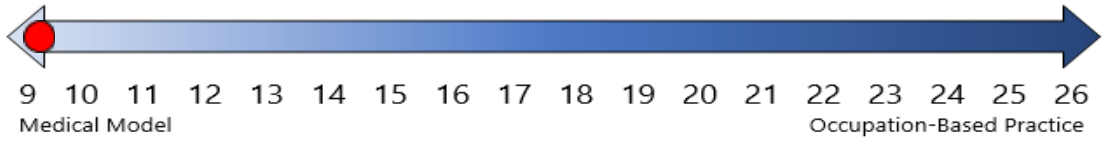
Participation

- ❑ Actively engaged (3)
- ❑ Coaxed or intermittent performance (2)
- ☑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ☑ Supervision from therapist (1)

Total: 9 / 26



School System

Case

Johnny is a second grade student who receives occupational therapy services related to a diagnosis of Autism Spectrum Disorder and difficulty engaging in classroom learning activities. His teacher reports that he is easily distracted in class, requires constant redirection, and is disruptive. Johnny avoids handwriting tasks and presents with delayed fine motor manipulation skills, letter formation skills, and tactile sensitivities including an inability to tolerate his pencil. During the initial evaluation, Johnny reported a love of Paw Patrol, swinging on the playground, and he wants to learn to ride a bike. Johnny's teacher is eager to carryover skills in the classroom and is supportive of the therapist working in the classroom with Johnny.

Occupation-Based Example

Upon arrival to the classroom during writing time, the occupational therapist observes Johnny to be squirming in his chair, vocalizing his dislike for handwriting, and distracting other students. The therapist greets Johnny and takes out handwriting materials including a Paw Patrol pencil, paper with a Paw Patrol header, and a foam seat cushion for which Johnny had previously expressed affinity. Having collaborated with the teacher earlier in the week; the therapist replicated the worksheet on the Paw Patrol paper, modifying the writing assignment to focus around a Paw Patrol storyline. While the teacher hands out a handwriting worksheet, the occupational therapist offers Johnny the seat cushion, the Paw Patrol pencil and the modified writing worksheet.

Figure 12

OBPA Score Sheet for School System - Occupation-Based Practice Example

Meaningful and Purposeful Occupation

Materials Used

- ☑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ❑ No materials / unrelated object /gesturing (1)

Context

- ☑ Natural to occupation (3)
- ❑ Simulated (2)
- ❑ Not related (1)

Actual Doing

- ☑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ☑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ❑ Aligned with client stated goal (2)
- ☑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ☑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

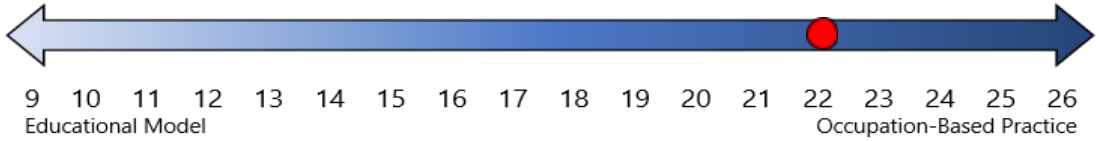
Participation

- ☑ Actively engaged (3)
- ❑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ☑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 22 / 26



Intermediate Example

The occupational therapist pulls Johnny out of the classroom and provides Johnny with a laminated strip of paper with his name, Play-Doh®, and scissors. The therapist opens a container of Play-Doh® and makes the letter “J.” The therapist instructs Johnny to make his own letter “J.” Johnny initially refuses to touch the Play-Doh® and says that at home he always wears gloves, so the therapist provides him with a pair to complete the task. Once Johnny has the gloves, he actively engages in the task. The therapist guides Johnny to create each letter in his name with the Play-Doh® before returning him to the classroom.

Figure 13

OBPA Score Sheet for School System - Intermediate Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ☑ Simulated Objects (2)
- ❑ No materials / unrelated object /gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ☑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ☑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ❑ Aligned with client stated goal (2)
- ☑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ☑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

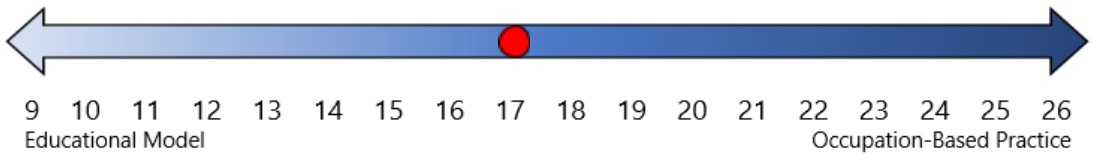
Participation

- ❑ Actively engaged (3)
- ☑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ☑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 17 / 26



Educational Model

The occupational therapist pulls Johnny out of the classroom and treats him in her private office space. The therapist instructs Johnny to complete theraputty pinching exercises with the putty left on the table from her previous session. Johnny does not show interest in the intervention and the therapist periodically prompts him to stay on task. Once Johnny is engaged in the theraputty exercises, the occupational therapist works on her daily note.

Figure 14

OBPA Score Sheet for School System - Educational Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ☑ No materials / unrelated object / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ☑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ☑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ❑ Aligned with client stated goal (2)
- ☑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ❑ Directly addresses skill or occupation in need (3)
- ☑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ☑ No modification or insufficient adaptation (1)

Engaged Participation

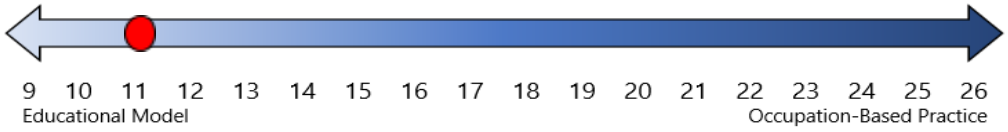
Participation

- ❑ Actively engaged (3)
- ☑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ☑ Supervision from therapist (1)

Total: **11 / 26**



Acute Care

Case

Irma is a 32-year old woman who was pregnant and contracted the coronavirus. She has been hospitalized for several weeks and was on a mechanical ventilator. After several intubations and extubations, Irma is now weaned off of the ventilator to 30% oxygen. During her hospitalization, she underwent a Cesarean section and her child is currently recovering in the Neonatal Intensive Care Unit. Irma is severely deconditioned, has upper extremity weakness, and is experiencing continued abdominal pain. An occupational therapist is treating Irma at the bedside to increase her independence with activities of daily living, functional mobility, and initiating child care. During the initial evaluation, Irma reported she will have little social support upon discharge and she is concerned about taking care of her newborn baby.

Occupation-Based Example

The therapy session is a coordinated co-treatment with the NICU occupational therapist to work on feeding Irma's baby. Irma is seated in the chair next to the isolette in the NICU and the baby is positioned in her arms and handed a bottle to prepare for feeding. As the feeding progresses, Irma begins to fatigue from holding with weight the baby and the therapist places a pillow under her arm to provide support secondary to upper extremity weakness. During the feeding activity, the therapist instructs Irma on breathing and energy conservation techniques to accommodate for shortness of breath so she can maintain verbal interaction with the baby while feeding. Throughout the session, the therapist provides positive feedback, pointing out successes, to encourage Irma to continue.

Figure 15

OBPA Score Sheet for Acute Care - Occupation-Based Practice Example

Meaningful and Purposeful Occupation

Materials Used

- ☑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ❑ No materials / unrelated object /gesturing (1)

Context

- ❑ Natural to occupation (3)
- ☑ Simulated (2)
- ❑ Not related (1)

Actual Doing

- ☑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ☑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ❑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ☑ Aligned with client stated goal (2)
- ❑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ☑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

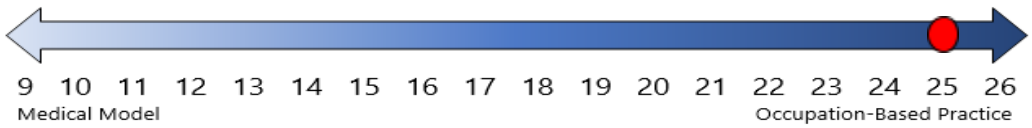
Participation

- ☑ Actively engaged (3)
- ❑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ☑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 25/ 26



Intermediate Example

Upon entering the client's room, Irma tells the therapist she is ready to get up and try walking today. The therapist reminds Irma that she'll need to be independent in caring for her baby after discharge, so maybe they should work on feeding. Irma agrees with the therapist. Irma is then seated in the bedside chair to complete a simulated feeding activity. The therapist gathers a rolled and taped hospital blanket to simulate a baby, a full water bottle, and a washcloth. The therapist places the "baby" in Irma's arms as she would hold the infant for feeding, and hands her the weighted water bottle. The therapist notices Irma is having difficulty maintaining the cradle hold on the "baby" so the therapist places a pillow under Irma's arm that is holding the "baby." After giving Irma the pillow, the therapist begins her documentation of the session in the electronic medical record.

Figure 16

OBPA Score Sheet for Acute Care - Intermediate Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ☑ Simulated Objects (2)
- ❑ No materials / unrelated object /gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ☑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ☑ Client adopted therapist meaning (2)
- ❑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ☑ Aligned with client stated goal (2)
- ❑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ☑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

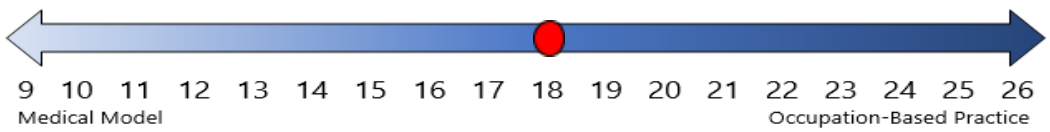
Participation

- ☑ Actively engaged (3)
- ❑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ☑ Supervision from therapist (1)

Total: 18 / 26



Medical Example

To address weakness and deconditioning, the therapist has decided that Irma will complete standing therapeutic exercises from the bedside chair. The therapist has Irma perform 5 trials of sit to stand. During each trial of standing, the therapist instructs Irma on a different upper extremity exercise to perform. Between each set, Irma reaches for her cell phone and scrolls through social media. The therapist has to redirect Irma to continue her exercises. While Irma is completing her exercises, the therapist is documenting on her computer.

Figure 17

OBPA Score Sheet for Acute Care - Medical Model Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ☑ No materials /unrelated object / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ☑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ☑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ❑ Aligned with client stated goal (2)
- ☑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ❑ Directly addresses skill or occupation in need (3)
- ☑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ☑ No modification or insufficient adaptation (1)

Engaged Participation

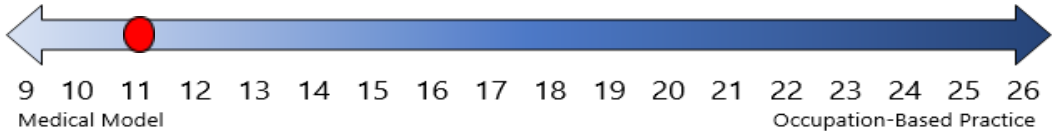
Participation

- ❑ Actively engaged (3)
- ☑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ☑ Supervision from therapist (1)

Total: 11 / 26



In-Patient Rehabilitation

Case

Hannah is a 36-year old elementary school teacher who is married and a mother to two school-aged children. Hannah was recently diagnosed with a spinal tumor in her neck and presents similar to an incomplete spinal cord injury with unsteady gait, poor balance, limited upper extremity strength, and poor fine motor control. She has been in in-patient rehabilitation for a few weeks and has learned several adaptive strategies to complete most of her self-care with supervision. It is nearing the end of summer and she has expressed deep sadness at not being able to fulfill her mothering role. She reports the summer is spent readying the kids to return to school with reviews of academic materials, clothes shopping, and most importantly buying the kids new backpacks to start off a fresh school year.

Occupation-Based Example

Hannah's occupational therapist plans a community outing by signing out the facility's wheelchair van and getting a day release order from Hannah's physiatrist. The outing is coordinated as a co-treatment with the recreational therapist and is planned to include shopping for backpacks at the mall and lunch out at a restaurant. During the trip to the mall, the client plans where to shop for backpacks so they can go directly to the first activity. Hannah carefully scanned the wall of backpacks in the store and selected the preferred choices that aligned with each of her kids interests. With minimal assistance she stands to retrieve the backpacks off the racks and propels her wheelchair to pay. Insistent on being independent, Hannah stood at the register and managed the money independently to purchase the backpacks. Throughout the shopping process, the therapist continually monitored Hannah's fatigue, frustration, and motivation; providing reflections on her children and encouragement as needed.

Figure 18

OBPA Score Sheet for Rehabilitation - Occupation-Based Practice Example

Meaningful and Purposeful Occupation

Materials Used

- ☑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ❑ No materials / unrelated object /gesturing (1)

Context

- ☑ Natural to occupation (3)
- ❑ Simulated (2)
- ❑ Not related (1)

Actual Doing

- ☑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ☑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ❑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ☑ Aligned with client stated goal (2)
- ❑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ☑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

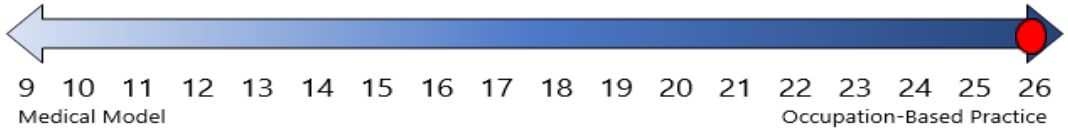
Participation

- ☑ Actively engaged (3)
- ❑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ☑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 26 / 26



Intermediate Example

Hannah reported her need to maintain the household upon returning home, including kitchen tasks such as cooking and managing the dishes. The occupational therapy assistant set up a kitchen activity to address Hannah's homemaking goals. The session was held in the simulated kitchen and the therapist set up the activity by piling cones in the sink. Hannah was instructed she would stand up from the wheelchair, steady herself with the counter and load the cones into the dishwasher, then unload the dishwasher by emptying it and placing the cones back in the overhead cabinet. The occupational therapy assistant provided physical support, cues for safety and strategies, and observed for signs of fatigue and pain throughout the activity. While completing the activity, Hannah and the practitioner talked about meals Hannah typically made and her daughter's picky eating. Hannah also noted the significant difference in the weight of the therapy cones compared to her ceramic plates and glasses at home as well as the increase distance to put things away at her own house.

Figure 19

OBPA Score Sheet for Rehabilitation - Intermediate Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ☑ Simulated Objects (2)
- ❑ No materials / unrelated object /gesturing (1)

Context

- ❑ Natural to occupation (3)
- ☑ Simulated (2)
- ❑ Not related (1)

Actual Doing

- ☑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ☑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ❑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ☑ Aligned with client stated goal (2)
- ❑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ☑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

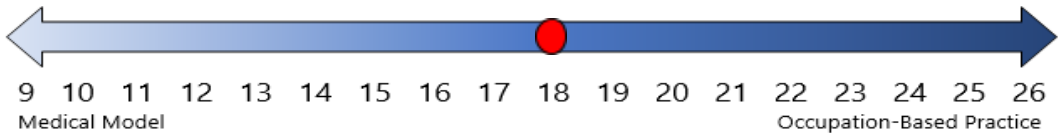
Participation

- ☑ Actively engaged (3)
- ❑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ☑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 18 / 26



Discrete Example

Hannah's upper body strength and motor control are limited due to her spinal tumor and limit her ability to perform any overhead activities. The occupational therapist dedicated the therapy session to activities for upper body strengthening that gave her opportunity for controlled movement. Hannah was initially positioned seated at a table in her wheelchair with a range of motion arc placed on the table. Hannah was instructed to move the rings one at a time from one side of the arc to the other. The height of the arc was out of Hannah's reach at the apex because she did not have sufficient shoulder flexion, so the therapist raised the table slightly and transitioned Hannah into a supported standing position so she could transition the rings completely from one side, over the apex, and down the other side. Once Hannah was positioned correctly and able to complete the movements, the therapist began documenting the therapy session in the electronic medical record while providing intermittent encouragement as Hannah became distracted or fatigued.

Figure 20

OBPA Score Sheet for Rehabilitation - Medical Model Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ☑ No materials / unrelated object /gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ☑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ☑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ❑ Aligned with client stated goal (2)
- ☑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ☑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

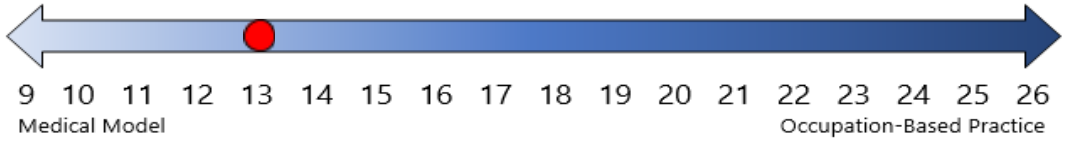
Participation

- ❑ Actively engaged (3)
- ☑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ☑ Supervision from therapist (1)

Total: 13 / 26



Mental Health

Case

Joaquin is an older adult who lives in supervised community-based residential housing. He was diagnosed with Schizophrenia at the age of 18 and since then has been in and out of emergency rooms, structured and unstructured community programs, shelters, and even a prolonged stay in a state hospital following an incident in which he set a trashcan on fire near an elementary school. He is now attending a day program and has been referred to occupational therapy for both 1:1 and group intervention secondary to concerns regarding cognition which is globally impacting occupational engagement and performance. During the initial evaluation, Joaquin is withdrawn but smiles when he recalls a time during his state hospitalization when he took care of the plants on his unit. He also states that he likes most things if they “make him feel useful” and involve “working with his hands”.

Occupation-Based Example

During the first intervention session, the occupational therapy practitioner invites Joaquin to join her outside in the courtyard of the day program. There is a small patch of unplanted soil in the corner of the courtyard. Potting supplies, a variety of seedlings, and additional planters have been brought into the courtyard space. The therapist invites Joaquin to take the lead on the planting process and share his knowledge and experience regarding horticulture with her. While initially hesitant to initiate participation or interaction, the therapist assumes a relational stance until Joaquin feels safe to explore the space. By the end of the first session, Joaquin is engaged in bidirectional communication with the therapist, has demonstrated increased motivation by turning the soil and selecting seedlings and has demonstrated the level of safety, attention and sequencing necessary to follow through with a preferred occupation.

Figure 21

OBPA Score Sheet for Mental Health - Occupation-Based Example

Meaningful and Purposeful Occupation

Materials Used

- ☑ Actual Occupation Items (3)
- ☐ Simulated Objects (2)
- ☐ No materials / unrelated object /gesturing (1)

Context

- ☑ Natural to occupation (3)
- ☐ Simulated (2)
- ☐ Not related (1)

Actual Doing

- ☑ Execution of task or partial task (3)
- ☐ Contrived / Simulated activity (2)
- ☐ Preparatory or rote movement (1)

Meaning

- ☑ Client identified / selected activity (3)
- ☐ Client adopted therapist meaning (2)
- ☐ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ☑ Aligned with client stated goal (2)
- ☐ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ☐ Indirectly addresses skill or occupation in need (2)
- ☐ Not related to identified occupational need (1)

Adaptation

- ☑ Modifying the task / environment to meet the just-right challenge (3)
- ☐ Partial task / environmental adaptation (2)
- ☐ No modification or insufficient adaptation (1)

Engaged Participation

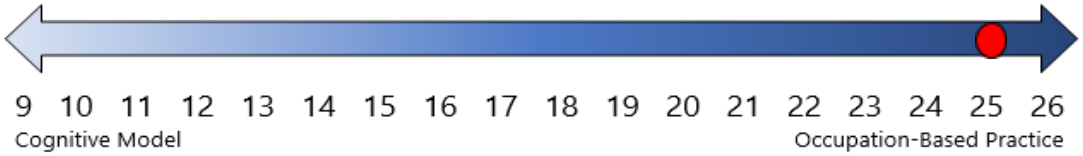
Participation

- ☐ Actively engaged (3)
- ☑ Coaxed or intermittent performance (2)
- ☐ Passive (1)

Therapist collaboration

- ☑ Therapeutic-use-of-self facilitating engagement (3)
- ☐ Therapist directed / guided activity (2)
- ☐ Supervision from therapist (1)

Total: 25 / 26



Intermediate Example

The occupational therapist meets with Joaquin in the therapy room at the day program to address identified cognitive challenges including attention, memory and sequencing. She provides him with a tabletop activity using a plastic mug, rice and several wooden beads to simulate potting a plant. Before using the materials provided, she asks Joaquin to verbally walk her through the steps of the task first. Joaquin is hesitant to initiate engagement in the activity and begins to stare out the window. At this time, the therapist presents Joaquin with written directions for potting the “beads”. He follows the written instructions as indicated and then pushes the mug toward the therapist to signal her that he has completed the task.

Figure 22

OBPA Score Sheet for Mental Health - Intermediate Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ☑ Simulated Objects (2)
- ❑ No materials / unrelated object /gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ☑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ☑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ☑ Aligned with client stated goal (2)
- ❑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ☑ No modification or insufficient adaptation (1)

Engaged Participation

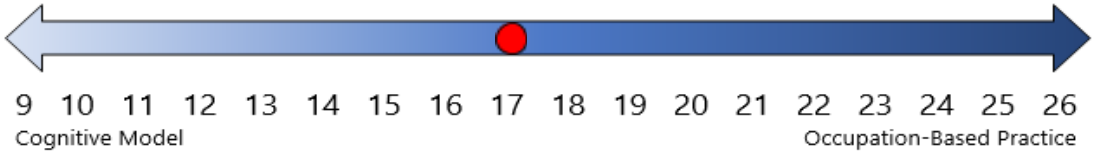
Participation

- ❑ Actively engaged (3)
- ☑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ☑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 17 / 26



Cognitive Model Example

The occupational therapist works 1:1 with Joaquin on stated cognitive challenges. During the session she asks Joaquin to complete a word search puzzle related to gardening to address attentional concerns. Additionally, she asks Joaquin to place a series of pictures related to potting a plant in the sequence in which they would occur. Joaquin requires multiple redirects back to the task at hand when completing the word search and is not able to complete the task in the time provided. Joaquin attempts to talk to the therapist about the plant in the picture. Each time she redirects him back to the task at hand and he does not place them all in sequence.

Figure 23

OBPA Score Sheet for Mental Health - Cognitive Model Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ☑ No materials / unrelated object / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ☑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ☑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ❑ Aligned with client stated goal (2)
- ☑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ☑ No modification or insufficient adaptation (1)

Engaged Participation

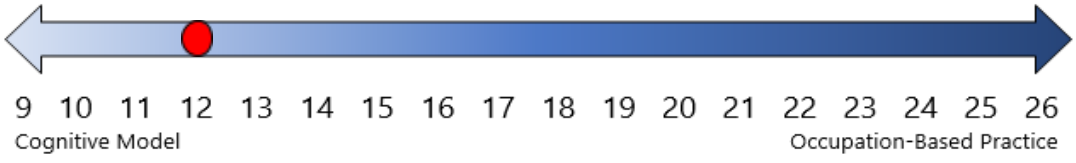
Participation

- ❑ Actively engaged (3)
- ☑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ☑ Supervision from therapist (1)

Total: 12 / 26



Hand Therapy

Case

Jennifer is a right-hand dominant 28-year old woman who sustained a distal radius fracture when she tripped over gardening tools in her flower and herb garden. Her right forearm and wrist were immobilized until the fracture healed and she is now experiencing decreased forearm pronation. Jennifer works as a clerical assistant in a large office building and has been out of work on disability because she cannot type on the computer until she regains forearm pronation. She sees an occupational therapist in a hand clinic to increase range of motion in her forearm and regain function use of her right upper extremity. During the initial evaluation, Jennifer reported she is eager to return to the garden and to work because her disability is ending.

Occupation-Based Example

Jennifer is seated at a table and the therapist sets her up with an assortment of potted plants, larger empty pots, potting soil, a watering can, and a cup to scoop dirt. The therapist asks Jennifer to re-pot three of the plants according to Jennifer's knowledge of plant health and promotion of growth. Jennifer eagerly selects her three favorite plants and three empty pots. She tips the plants out of the old pots using forearm rotation, scoops fresh potting soil into the new pot by maneuvering the cup around the plant using subtle and controlled forearm and wrist movements, then pours water into the newly potted plants using pronation. Throughout the activity, Jennifer and the therapist are engaged in dialogue about plants, indoor and outdoor plant maintenance, and strategies for care for plants with decreased forearm range of motion, while the therapist adjusted the position of the soil and pots to increase the challenge when it was too easy and provide tactile cues to use proper body mechanics.

Figure 24.

OBPA Score Sheet for Hand Therapy - Occupation-Based Practice Example

Meaningful and Purposeful Occupation

Materials Used

- ☑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ❑ No materials / unrelated object / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ☑ Simulated (2)
- ❑ Not related (1)

Actual Doing

- ☑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ☑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ❑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ☑ Aligned with client stated goal (2)
- ❑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ☑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

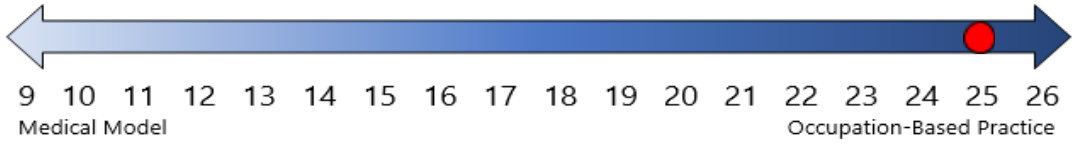
Participation

- ☑ Actively engaged (3)
- ❑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ☑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 25 / 26



Intermediate Example

Jennifer is seated at a table in the therapy gym. The therapist places a large shallow bucket filled with colorful craft beads in front of her along with a similar empty bucket. The therapist gives Jennifer a cup and instructs her to scoop the beads from the bucket and pour them into the empty bucket by dumping the cup over. Jennifer proceeds to follow the instructions as the therapist administers ultrasound on another client. The therapist looks back to monitor Jennifer's progress and notices difficulty in scooping due to the position of the bucket and makes a minor adjustment in the placement of the bead bucket. As Jennifer continues the activity, the therapist notices excessive compensatory movement from the shoulder so the therapist provides verbal and tactile cues to keep the elbow closer to the body and force the forearm into isolated rotation. Jennifer continues to finish the activity independently.

Figure 25.

OBPA Score Sheet for Hand Therapy - Intermediate Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ☑ Simulated Objects (2)
- ❑ No materials / unrelated object / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ☑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ☑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ❑ Aligned with client stated goal (2)
- ☑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ❑ Directly addresses skill or occupation in need (3)
- ☑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ☑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

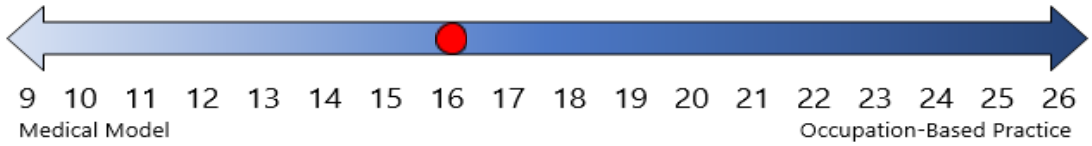
Participation

- ☑ Actively engaged (3)
- ❑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ☑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 16 / 26



Medical Example

Jennifer is seated at a table with her forearm resting on the table and hand positioned off the edge of the table. The therapist places a 2-pound hand weight in Jennifer's hand and demonstrates repetitions of forearm rotation and gives instructions to allow the weight and gravity to pull the forearm into pronation. The therapist instructs Jennifer to do three sets of 12 repetitions and turns to set up another client with an exercise. Jennifer completes the exercise protocol independently while the therapist glances back periodically to ensure the exercise is progressing.

Figure 26.

OBPA Score Sheet for Hand Therapy - Medical Model Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ☑ No materials / unrelated object / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ☑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ☑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ❑ Aligned with client stated goal (2)
- ☑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ❑ Directly addresses skill or occupation in need (3)
- ☑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ☑ No modification or insufficient adaptation (1)

Engaged Participation

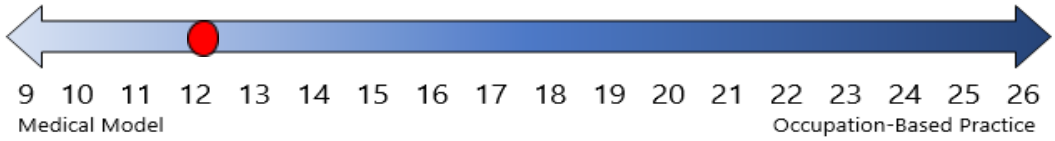
Participation

- ☑ Actively engaged (3)
- ❑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ☑ Supervision from therapist (1)

Total: 12 / 26



Community Practice

Case

James has been incarcerated for much of his life since entering the juvenile justice system at the age of 15. Over the course of his life James has been exposed to numerous violent situations, both prior to involvement in the justice system and while incarcerated, sustaining several blows to the head and a resultant head injury. At age 37, James has been released from prison and is enrolled in Occupational Therapy Transition and Integration Services where he hopes to address his head injury-related deficits so he can manage living on his own once he is released from the transition center.

Occupation-Based Example

James mentioned during his occupational profile he wants to manage living alone upon release from the transition center, so his therapist arranged for a trip to the local grocery store. The therapist met with James to identify his favorite dinner meal and created a shopping list of the necessary items along with a spending budget. The therapist added pictures of the items on the shopping to reduce distraction at the store, particularly for items that were available in several varieties. James and the therapist traveled to the grocery store using the city bus, located all the items on the shopping list, selected items and sizes based on the available budget, paid for the items, and traveled back using the city bus. Throughout the trip James shared stories about his favorite meal and memories associated with eating it as a child. He required only occasional cues to locate items in the store, but was prompted by the therapist to look for signs or other strategies to locate items. His therapist provided support, encouragement, and examples of generalizing the learned skills throughout the trip.

Figure 27.

OBPA Score Sheet for Community Practice - Occupation-Based Example

Meaningful and Purposeful Occupation

Materials Used

- ☑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ❑ No materials / unrelated object / gesturing (1)

Context

- ☑ Natural to occupation (3)
- ❑ Simulated (2)
- ❑ Not related (1)

Actual Doing

- ☑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ☑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ❑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ☑ Aligned with client stated goal (2)
- ❑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ☑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

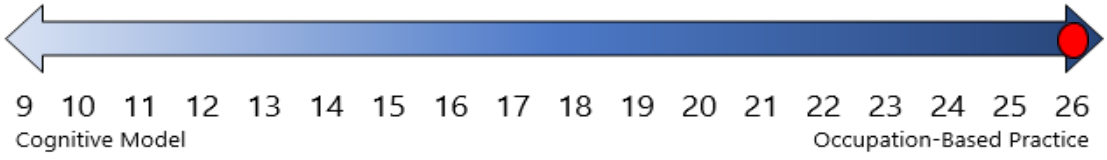
Participation

- ☑ Actively engaged (3)
- ❑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ☑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 26 / 26



Intermediate Example

James arrives at the transition center for his session and the therapist is set up in the private therapy room with a folder containing sample utility bills, a simulated checkbook with register and blank checks, envelopes, and a pen. The therapist explains to James he will be responsible for paying his bills and presents the sample bills and checkbook and asks him to pay the electric bill. James scans the bill for the information and struggles to figure out what information to write on a check. The therapist offers occasional cues to guide him. James gets discouraged, saying he never wrote a check before and doesn't have a bank account, pushing the papers away and saying he is done. The therapist offers support, explaining his own bills will be different and he might pay them in person or online, but urges him to continue.

Figure 28.

OBPA Score Sheet for Community Practice - Intermediate Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ☑ Simulated Objects (2)
- ❑ No materials / unrelated object / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ☑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ☑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ☑ Aligned with client stated goal (2)
- ❑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ☑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

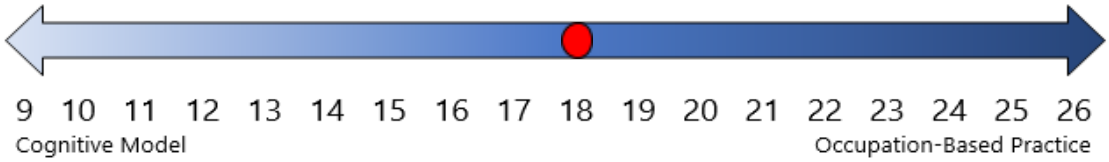
Participation

- ❑ Actively engaged (3)
- ☑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ☑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 18 / 26



Discrete Example

James attends his therapy session where his occupational therapist is waiting for him in the quiet, private room with a deductive reasoning worksheet and a pencil. The therapist explains the cognitive activity will help improve his concentration, problem solving, and executive functioning which he will need to live independently. James is motivated during the activity and perseveres despite experiencing quite a bit of difficulty while completing the worksheet and needing assistance. The therapist keeps an eye on James while completing documentation on this and the previous client, offering occasional encouragement but no strategies or cues to surpass the difficulties as he completes the worksheet.

Figure 29.

OBPA Score Sheet for Community Practice - Cognitive Model Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ☑ No materials / unrelated object / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ☑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ☑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ❑ Aligned with client stated goal (2)
- ☑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ☑ No modification or insufficient adaptation (1)

Engaged Participation

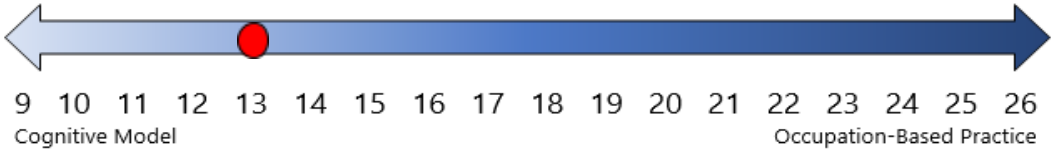
Participation

- ☑ Actively engaged (3)
- ❑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ☑ Supervision from therapist (1)

Total: 13 / 26



Group Intervention

Case

Jonay, an occupational therapy assistant, works at a skilled nursing facility in New Orleans and runs a weekly group for clients who have a variety of diagnoses and skill levels. Most of them exhibit a mild cognitive deficit, decreased strength and endurance, and use a mobility aid of some kind. The group session serves as a supplement to their individual therapy services and aims to enhance their physical, social, and emotional well-being.

Occupation-Based Example

Jonay plans a series of Mardi Gras themed group sessions in late February as Mardi Gras season approaches. She advertises the upcoming groups and invites clients to sign up for any or all of the scheduled groups of interest to them. One session is a cooking group planned to bake a king cake in the facility's adaptive kitchen. Once clients signed up, Jonay reviewed the clients' medical records to identify individual therapy goals to strategically assign tasks to challenge their areas of performance need. Clients with standing balance goals were assigned to tasks standing at the counter while those with bilateral upper extremity needs were assigned to stabilize the bowl and stir. During the group, Jonay and the aides adjust the positioning of equipment or clients to optimize performance. Throughout the activity, the Jonay facilitates a discussion about Mardi Gras memories, interrupting to provide encouragement or feedback to individuals as needed. All clients were engaged throughout the group and eager to tear into the king cake in search of the baby.

Figure 30.

OBPA Score Sheet for Group Intervention - Occupation-Based Practice Model

Meaningful and Purposeful Occupation

Materials Used

- ☑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ❑ No materials / unrelated object / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ☑ Simulated (2)
- ❑ Not related (1)

Actual Doing

- ☑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ☑ Participating clients' identified / selected activity (3)
- ❑ Participating clients' adopted therapist meaning (2)
- ❑ Therapist chose activity (1)

Associated with clients' stated goals or occupational profile

- ☑ Aligned with all participating clients' stated goals (2)
- ❑ Aligned with some or none of the participating clients' stated goals (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ☑ Addresses at least one of each participating clients' skills or occupations in need (3)
- ❑ Addresses at least one of some of the participating clients' skills or occupations in need (2)
- ❑ Does not address any of participating clients' identified occupational needs (1)

Adaptation

- ☑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

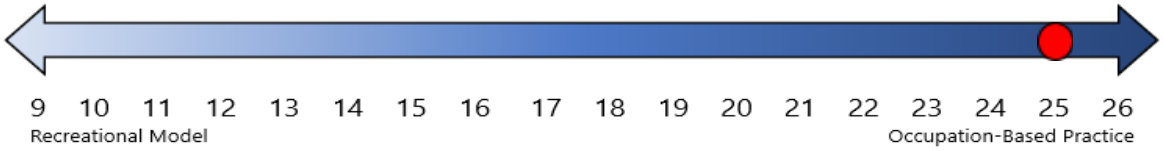
Participation

- ☑ All clients are actively engaged (3)
- ❑ Active engagement of clients is inconsistent (2)
- ❑ At least one client is fully disengaged (1)

Therapist collaboration

- ☑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 25 / 26



Intermediate Example

Jonay, the occupational therapy assistant, plans a series of Mardi Gras themed group sessions in late February as Mardi Gras season approaches. She advertises the upcoming groups and invites clients to sign up for any or all of the scheduled groups of interest to them. One session is wheelchair aerobics using jazz music typically played at Mardi Gras parades. Once clients signed up, Jonay arranged for the aides to assist in transporting all the participants to the rehabilitation gym. Jonay welcomed everyone, acknowledged their preference for jazz music, introduced herself, and presented the group expectations to try to keep up with the movements she was performing. She started the music and ran through the planned choreography of the wheelchair aerobics session. Some clients remained engaged and motivated by the music while others became distracted or tired and periodically stopped participating. Jonay talked over the instrumental music to encourage dialogue with clients about their participation in Mardi Gras parades and offered individual verbal prodding and tactile cues to continue participating for those having difficulty. At times when the clients demonstrated difficulty completing movements, she offered easier alternate movements to those who needed it.

Figure 31.

OBPA Score Sheet for Group Intervention - Intermediate Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ☑ No materials / unrelated object / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ☑ Simulated (2)
- ❑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ☑ Preparatory or rote movement (1)

Meaning

- ☑ Participating clients' identified / selected activity (3)
- ❑ Participating clients' adopted therapist meaning (2)
- ❑ Therapist chose activity (1)

Associated with clients' stated goals or occupational profile

- ❑ Aligned with all participating clients' stated goals (2)
- ☑ Aligned with some or none of the participating clients' stated goals (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ❑ Addresses at least one of each participating clients' skills or occupations in need (3)
- ☑ Addresses at least one of some of the participating clients' skills or occupations in need (2)
- ❑ Does not address any of participating clients' identified occupational needs (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ☑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

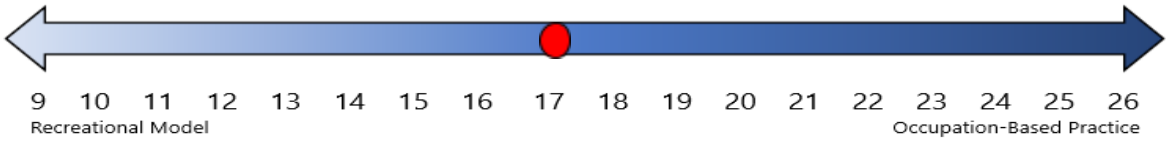
Participation

- ❑ All clients are actively engaged (3)
- ☑ Active engagement of clients is inconsistent (2)
- ❑ At least one client is fully disengaged (1)

Therapist collaboration

- ☑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: 17 / 26



Recreational Example

Jonay, the occupational therapy assistant, plans a series of Mardi Gras themed group sessions in late February as Mardi Gras season approaches. She advertises the upcoming groups and invites clients to sign up for any or all of the scheduled groups of interest to them. One session is a reminiscence group showing a movie. Once the clients sign up, Jonay arranges for aides to provide transportation to bring the participants to the dining room where a large television is set up. The clients are brought into the space and the therapist starts the movie *The Princess and the Frog*. Jonay plays the movie and places herself in the back of the room to complete documentation until the movie is over when she leads a reminiscence discussion about Mardi Gras. During the movie, most clients doze off during the movie and are awakened at the end of the movie when prompted for discussion.

Figure 32.

OBPA Score Sheet for Group Intervention - Recreational Example

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual Occupation Items (3)
- ❑ Simulated Objects (2)
- ☑ No materials / unrelated object / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ☑ Preparatory or rote movement (1)

Meaning

- ❑ Participating clients' identified / selected activity (3)
- ☑ Participating clients' adopted therapist meaning (2)
- ❑ Therapist chose activity (1)

Associated with clients' stated goals or occupational profile

- ❑ Aligned with all participating clients' stated goals (2)
- ☑ Aligned with some or none of the participating clients' stated goals (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ❑ Addresses at least one of each participating clients' skills or occupations in need (3)
- ❑ Addresses at least one of some of the participating clients' skills or occupations in need (2)
- ☑ Does not address any of participating clients' identified occupational needs (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ☑ No modification or insufficient adaptation (1)

Engaged Participation

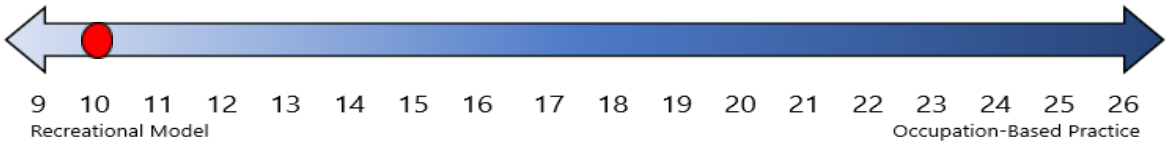
Participation

- ❑ All clients are actively engaged (3)
- ❑ Active engagement of clients is inconsistent (2)
- ☑ At least one client is fully disengaged (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ☑ Supervision from therapist (1)

Total: 10 / 26



Assessment

Case

A client is referred to occupational therapy following repair of a flexor tendon laceration. Initial sessions with occupational therapy were focused on wound management and protection of the surgical repair during healing through the use of orthotics. Once Range of Motion restrictions are lifted, the occupational therapist conducts several assessments to establish baseline function of the client's hand. The therapist selects the Canadian Occupational Performance Measure, the Jebsen-Taylor Test of Hand Function, and the Nine-Hole Peg Test.

Occupation-Based Example

The Canadian Occupational Performance Measure is an interview-based assessment that inquires about occupational engagement that is meaningful, problematic, or concerning to the client. The interview facilitates the conversation about occupations categorized by self-care, productivity, and leisure. The interview allows the client to describe what it is about engagement that is problematic as well as the influence of the environment on that performance.

Figure 33.

OBPA Score Sheet for Measurement Tools - Occupation-Based

Meaningful and Purposeful Occupation

Occupation Questions

- ☑ Occupation-focused questions (3)
- ❑ Task-focused questions (2)
- ❑ Behavior/Skill-focused questions (1)

Context

- ☑ Questions address context (2)
- ❑ Context not addressed (1)

Question / Item Language

- ☑ Occupation terminology (3)
- ❑ Task terminology (2)
- ❑ Motor/Sensory/Cognitive terminology (1)

Meaning

Meaning

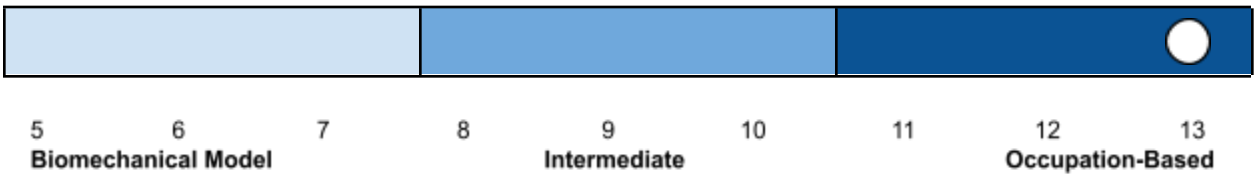
- ☑ Open occupational exploration (3)
- ❑ Fixed occupational choices (2)
- ❑ No personal meaning (1)

Therapeutic Intent

Application to Plan of Care

- ☑ Informs occupation-centered goals (2)
- ❑ Informs behavior / skill-specific goals (1)

Total: 13 / 13



Intermediate Example

The Jebsen-Taylor Hand Function Test is a standardized test designed to simulate daily tasks. The assessment requires clients to perform tasks in writing, simulated page-turning, lifting small objects, simulated feeding, stacking, and lifting large, lightweight, and heavy objects with both the dominant and non-dominant hand.

Figure 34.

OBPA Score Sheet for Measurement Tools - Intermediate Example

Authentic Occupation

Materials Used

- ☑ Actual occupation items (3)
- ❑ Measurement objects (2)
- ❑ No materials (1)

Context

- ❑ Natural to the occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Instruction Language

- ❑ Occupation terminology (3)
- ☑ Task terminology (2)
- ❑ Motor/Sensory/Cognitive terminology (1)

Meaningful and Purposeful Value

Meaning

- ❑ Occupational choices / Identified by client (3)
- ❑ Tool-determines occupations (2)
- ☑ No personal meaning (1)

Purpose

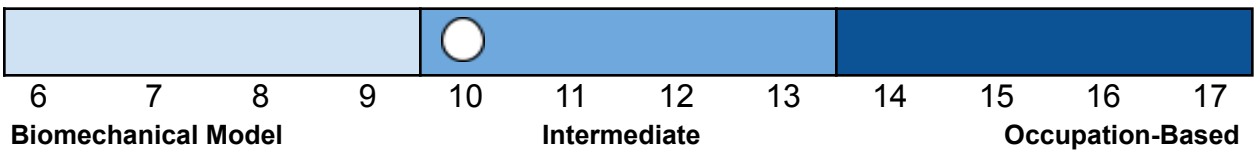
- ❑ Execution of task or partial task (3)
- ☑ Contrived / Simulated activity (2)
- ❑ Motor/Sensory/Cognitive skill measurement (1)

Therapeutic Intent

Application to Plan of Care

- ❑ Informs occupation-centered goals (2)
- ☑ Informs behavior / skill-specific goals (1)

Total: 10 / 17



Discrete Example

The 9 Hole Peg Test is an upper extremity coordination assessment measuring speed and accuracy of dexterity as the client removes 9 pegs from 9 holes then replaces each peg while being timed.

Figure 35.

OBPA Score Sheet for Measurement Tools - Medical Model

Authentic Occupation

Materials Used

- ❑ Actual occupation items (3)
- ☑ Measurement objects (2)
- ❑ No materials (1)

Context

- ❑ Natural to the occupation (3)
- ❑ Simulated (2)
- ☑ Not related (1)

Instruction Language

- ❑ Occupation terminology (3)
- ❑ Task terminology (2)
- ☑ Motor/Sensory/Cognitive terminology (1)

Meaningful and Purposeful Value

Meaning

- ❑ Occupational choices / Identified by client (3)
- ❑ Tool-determines occupations (2)
- ☑ No personal meaning (1)

Purpose

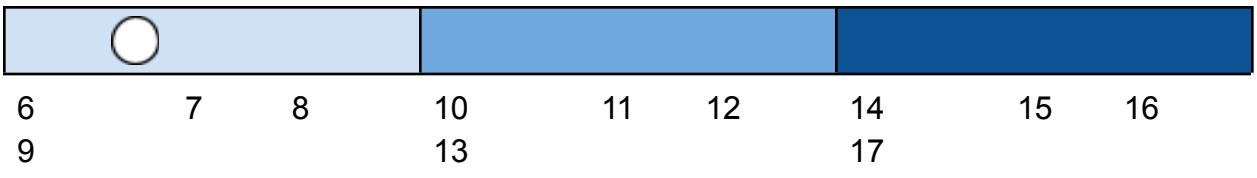
- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ☑ Motor/Sensory/Cognitive skill measurement (1)

Therapeutic Intent

Application to Plan of Care

- ❑ Informs occupation-centered goals (2)
- ☑ Informs behavior / skill-specific goals (1)

Total: 7 / 17



Uses of the Occupation - Based Practice Assessment

There are several uses for the OBPA across clinical, academic and research settings. It can be self administered or administered by an observer or instructor.

Academia

In academia, the OBPA is best used in courses which teach about clinical practice. The Intervention and Assessment Scales can be used as rubrics to grade the occupation-centeredness of student performance on case study assignments. Similarly, the OBPA scales can be used as rubrics for client simulation exercises or competency check-out if the desired performance is a demonstration of occupation-based practice.

Fieldwork

The OBPA can be used to assess baseline, midpoint, or completion performance to measure change and growth in the use of occupation-based practice. In addition, many fieldwork experiences include a university-driven component of discussion boards to reflect on the experiences or ask questions. The OBPA can be used as a framework to guide discussions about the use of occupation in the students' experiences.

Administration

Health care faculty administrators may benefit from multiple uses of the OBPA. The Intervention and Assessment Scales can be used to measure therapist practice as part of the performance appraisal process. Those same scales may be useful in satisfying accreditation requirements such as competency checks by the Accreditation Commission for Rehabilitation Facilities (CARF). The practice influence scale assesses the strengths and weaknesses in supporting or hindering the use of occupation and can be used to optimize practice space and inform equipment purchasing decisions.

Professional Development

Individual occupational therapy practitioners may use the OBPA in support of their own professional development. The OBPA can identify their baseline level of occupation-based practice to guide establishment of professional development goals. Following intentional infusion of occupation into practice or engagement in professional development activities, practitioners can again assess their use of occupation to measure progress toward their professional goals.

Program Development

The program development process may benefit from the OBPA, specifically the practice influence scale. Distinction of which factors facilitate and which inhibit the use of occupation in a practice setting can guide program developers in space design and selection of equipment. Selection of assessment tools to purchase for programs can be

further guided by the Measurement Tool Scale to intentionally build a battery of assessments that represent occupation-based and non-occupation-based tools.

Program Evaluation

Managers and administrators can take advantage of aggregate data generated by their collective occupational therapy personnel to determine the relationship between occupation-based practice and client outcomes or client satisfaction. Aggregate data can be used to benchmark program performance and compare units or different facility sites. The structure of the OBPA can be used as a framework for documentation review to ensure the uniqueness of occupational therapy services and highlight and do not encroach on services from other disciplines. The Practice Influence Scale can be used to identify areas of need for program improvement.

Research

Researchers needing to quantify occupation-based practice or quantify/classify assessment tools can use the OBPA to measure the occupation-centeredness of practice. The OBPA can be used in research to definitively stratify occupation-based and non-occupation-based services for intervention effectiveness studies without concern of contamination between groups.

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Appendix A - Therapeutic Interaction Scale - Individual Intervention

This scale is used to assess each intervention-focused therapeutic exchange with a client. It could be administered several times in a single therapy session. For example, it would be administered once each for exercise, transfer training, ADL retraining, positioning, and family education. Guidelines for scoring are available in the administration and scoring section and interpretation of scores is available in the interpretation section.

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual occupation items (3)
- ❑ Simulated objects (2)
- ❑ No materials / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ❑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ❑ Client identified / selected activity (3)
- ❑ Client adopted therapist meaning (2)
- ❑ Therapist chose activity (1)

Associated with client stated goals or occupational profile

- ❑ Aligned with client stated goal (2)
- ❑ Not associated with goal (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ❑ Directly addresses skill or occupation in need (3)
- ❑ Indirectly addresses skill or occupation in need (2)
- ❑ Not related to identified occupational need (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

Participation

- ❑ Actively engaged (3)
- ❑ Coaxed or intermittent performance (2)
- ❑ Passive (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Appendix B - Therapeutic Interaction Scale - Group Intervention

This scale is used to assess intervention-focused therapeutic exchanges with a group of clients. It may be administered several times in a single therapy session. For example, it would be administered once each for meal planning, meal preparation, eating, and clean up. Guidelines for scoring are available in the administration and scoring section and interpretation of scores is available in the interpretation section.

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual occupation items (3)
- ❑ Simulated objects (2)
- ❑ No materials / unrelated object / gesturing (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ❑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ❑ Preparatory or rote movement (1)

Meaning

- ❑ Participating clients identified / selected activity (3)
- ❑ Participating clients adopted therapist meaning (2)
- ❑ Therapist chose activity (1)

Associated with clients' stated goals or occupational profile

- ❑ Aligned with all participating clients' stated goals (2)
- ❑ Aligned with some or none of the participating clients' stated goals (1)

Therapeutic Intent

Deliberate therapeutic interaction

- ❑ Addresses at least one of each participating clients' skills or occupations in need (3)
- ❑ Addresses at least one of some of the participating clients' skills or occupations in need (2)
- ❑ Does not address any of participating clients' identified occupational needs (1)

Adaptation

- ❑ Modifying the task / environment to meet the just-right challenge (3)
- ❑ Partial task / environmental adaptation (2)
- ❑ No modification or insufficient adaptation (1)

Engaged Participation

Participation

- ❑ All clients are actively engaged (3)
- ❑ Active engagement of clients is inconsistent (2)
- ❑ At least one client is fully disengaged (1)

Therapist collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (3)
- ❑ Therapist directed / guided activity (2)
- ❑ Supervision from therapist (1)

Total: / 26

Appendix C - Therapeutic Interaction Scale – Assessment/Outcome

This scale is used to measure the use of occupation in assessment-focused therapeutic exchanges. It could be administered multiple times in a single evaluation session. For example, it would be administered once each for range of motion assessment, ADL assessment, and cognitive assessment. Guidelines for scoring are available in the administration and scoring section and interpretation of scores is available in the interpretation section.

Meaningful and Purposeful Occupation

Materials Used

- ❑ Actual occupation items (3)
- ❑ Simulated objects (2)
- ❑ Measurement objects / therapist as tool / no materials (1)

Context

- ❑ Natural to occupation (3)
- ❑ Simulated (2)
- ❑ Not related (1)

Actual Doing

- ❑ Execution of task or partial task (3)
- ❑ Contrived / Simulated activity (2)
- ❑ Motor / sensory / cognitive skill measurement (1)

Meaning

- ❑ Therapist inquires/gathers client meaning (2)
- ❑ Client meaning not gathered (1)

Engaged participation

Participation

- ❑ Actively engaged (3)
- ❑ Coaxed or intermittent participation (2)
- ❑ Passive (1)

Therapist Collaboration

- ❑ Therapeutic-use-of-self facilitating engagement (2)
- ❑ Verbal exchange with client (1)

Total: / 16

Appendix D - Measurement Tool Scale

This scale is used to assess assessment tools to determine the occupation-centeredness of the instrument. Guidelines for scoring are available in the administration and scoring section and interpretation of scores is available in the interpretation section.

Nature of the Assessment		
Doing (6 - 17 Points) (AMPS, Goniometer, Weekly Calendar Activity)	**Interview/Questionnaire (5 - 13 Points)** (COPM, OPHI, Sensory Profile, DASH)	**List/ Inventory/ Diary (5 - 13 Points)** (Activity Card Sort, Interest Checklist, CAPE/PAC)
Authentic Occupation **Materials Used** ❑ Actual occupation items (3) ❑ Measurement objects (2) ❑ No materials (1) **Context** ❑ Natural to the occupation (3) ❑ Simulated (2) ❑ Not related (1) **Instruction Language** ❑ Occupation terminology (3) ❑ Task terminology (2) ❑ Motor/sensory/cognitive terminology (1)	**Authentic Occupation** **Focus of Questions** ❑ Occupation-focused questions (3) ❑ Task-focused questions (2) ❑ Behavior/skill-focused questions (1) **Context** ❑ Questions address context (2) ❑ Context not addressed (1) **Question Language** ❑ Occupation terminology (3) ❑ Task terminology (2) ❑ Behavior/ skill terminology (1)	**Authentic Occupation** **List Items** ❑ Occupations (3) ❑ Tasks (2) ❑ Behaviors/Skills (1) **Context** ❑ Contextual relevance (2) ❑ Context not addressed (1) **Item Language** ❑ Occupation terminology (3) ❑ Task terminology (2) ❑ Behavior/ skill terminology (1)
Meaningful and Purposeful Value **Meaning** ❑ Occupational choices / identified by client (3) ❑ Tool-determines occupations (2) ❑ No personal meaning (1) **Purpose** ❑ Execution of task or partial task (3) ❑ Contrived /simulated activity (2) ❑ Motor/sensory/cognitive skill measurement (1)	**Meaningful and Purposeful Value** **Meaning** ❑ Open occupational exploration (3) ❑ Fixed occupational choices (2) ❑ No personal meaning (1)	**Meaningful and Purposeful Value** **Meaning** ❑ Open occupational exploration (3) ❑ Fixed occupational choices (2) ❑ No personal meaning (1)
Therapeutic Intent **Application to Plan of Care**	**Therapeutic Intent** **Application to Plan of Care**	**Therapeutic Intent** **Application to Plan of Care**
Client Assessment ❑ Informs occupation-centered goals (2) ❑ Informs behavior / skill-specific goals (1)		**Environmental Assessment** ❑ Informs modification to support participation(2) ❑ Informs modification to support access(1)

Appendix E - Practice Influence Scale

This scale is used to assess the influences on the use of occupation-based practice. This is administered periodically when a therapist or administer wants to understand why practice has been occupation-based or has been using a discrete model. Guidelines for scoring are available in the administration and scoring section and interpretation of scores is available in the interpretation section.

Rate each influencing factor along a scale from significant barrier to using occupation in practice to highly supportive of using occupation in practice.

Physical Environment	Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Supplies and resources to facilitate occupations	❑	❑	❑	❑
Space to execute occupations	❑	❑	❑	❑
Access to multiple contexts	❑	❑	❑	❑

Systems	Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Documentation systems and requirements	❑	❑	❑	❑
Productivity requirements	❑	❑	❑	❑
Time flexibility in delivery model	❑	❑	❑	❑
Insurance / Third party reimbursement	❑	❑	❑	❑
Culture (occupation vs. discrete approach)	❑	❑	❑	❑

Therapist	Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Support from co-workers	❑	❑	❑	❑
Experience with occupation	❑	❑	❑	❑
Professional training	❑	❑	❑	❑
Philosophical beliefs	❑	❑	❑	❑
Critical thinking	❑	❑	❑	❑
Intraprofessional collaboration	❑	❑	❑	❑

Client	Significant Barrier	Minor Barrier	Adequate	Highly Supportive
Client health status	❑	❑	❑	❑
Client motivation and willingness to engage in occupation	❑	❑	❑	❑